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THE

MEDICAL AND SURGICAL REPORTER:

A WEEKLY JOURNAL.

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EDITED BY

D. G. BRINTON, M. D.

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

VERSION AS APPLIED TO OBSTETRICS.

BY L. E. FRANKS, M. D.,
Of Rochester, N. Y.

It may be stated that our opinion is based upon the condition of the woman; size of pelvis, os uteri, membranes, bladder and rectum. Should there be nothing excessively abnormal about these parts we would be justified in our attempts to correct or alter the presentation into one of four: head, breech, one foot, or feet; yet, on no account, should we attempt to alter a presentation whilst there remains any reasonable hope of delivery without.

Still, as manual cases do occur, and that pretty often too, it behooves us as scientific practitioners to know when, where and how to act; also, what statement of the probable result to make to those most near and dear to our patient.

The cases calling for version may, for convenience, be submitted to two classes. Those in which the presentation is abnormal, and those depending upon a faulty condition of the maternal passages, or system generally.

In the first class may be placed every presentation except those of the head, breech, or lower extremities, and even one of these may be so situated as to call for the assistance of art.

To mention the presentations would be superfluous; neither is it necessary to remind you of the forty-four mentioned by one obstetrical writer,* that indispensably require that the child be turned, for, as we all know, each square inch of the child, if properly situated, might with just as much propriety be termed a presentation as is placenta previa. But setting aside those cases requiring craniotomy, embryulcia, or Cesarean section, the previous remarks will, I think, hold good.

Now with regard to the operation itself: authors differ widely, some advocating one position of the woman, some another. I, however, prefer the back, believing it to be easier for the patient and operator than any other; there is less straining of arms and legs, and the operator can, whatever the position of the child, use his left hand with the greatest facility, seize the foot, knee, head, or feet, as the case may be, whilst with the other he steadies the womb.

The rule, of course, as laid down in the books, is to use that hand which, when open, corresponds with its palm to the abdomen of the child. But, as we are not always sure of the exact position of the child, I think it better to act on the sure plan; hence the use in all cases of the left hand, the woman being placed as for lithotomy.

With regard to the part first extracted, aside from the head, all authors agree in the main point, which is to leave as much of the child to dilate the parts as possible, consequently a breech with both thighs on the abdomen is best, next to the head, in point of size, the circumference of that part, if the head, which presents, being from 12 to 13¼ inches, whilst the breech with both thighs on the abdomen measures from 12 to 13½ inches; yet I imagine it as being much more compressible than the head, therefore, not so good a dilator. The breech with one thigh gives us 11 to 12½, and direct foot but 10 to 11½ inches.*

* Gooch.

* Churchill.

The increase of size afforded by one thigh added to the breech I regard as so inconsiderable as to be an object of slight importance. therefore, much inferior to both feet, should one feel disposed to use extractive force, which in certain cases may be admissible; it is also needless to remark that all traction should cease just previous to the expulsion of the shoulders, as it is not very desirable to disarticulate the neck.

Concerning its effects on the mother and child, statistics go to show that nearly one in fourteen of the mothers die, and even more than one in three of the children. The frequency of the operation, as taken from the English, French, and German practice, gives 505,691 cases, in which version was performed 4133 times, or about one in 122½.* To these statistics, however, I attach but little worth, not having been able to obtain a list of the peculiar conditions of either mother or child which rendered the performance of version necessary.

We will now consider some of the cases to which it is best adapted, as contracted or distorted pelvis. First, of contracted pelvis: in some of these cases it is allowed that turning will often work where the forceps are inadmissible,† so much compression having to be used as to cause fears for a living child. I refer now to cases in which the conjugate diameter does not exceed three inches, and it is stated that even version is useless should the pelvic diameter antero-posteriorly be less than two and six-eighths of an inch. Be this as it may, I think that without an accurate measurement by pelvimeter, we would be justified in turning, it now being an admitted fact that the sutures lap more readily in "head last labors," and that it collapses easier in its width when made to enter the pelvis, base first.‡

The anatomical being much smaller than the obstetrical base, we have, in reality, a wedge. Simpson, Asiander, Baudeloque, and Barnes, all concur, with slight difference, that the head will pass through a contracted pelvis easier base first than vertex. Moreover, Dr. Barnes considers that delivery by turning should be the complement to induction of labor at seven or eight months. Here certainly is an item of no small importance.

The object of turning in contracted pelvis is not only to save the child, but also to abridge the mother's suffering, and even though we acted on the supposition of the child's death, surely it would be more humane, *cæteris paribus*, to turn and deliver than to perforate, which can then be done, should our attempts to deliver be frustrated.

Besides the cases mentioned as applicable for the operation of version, may be mentioned prolapsed funis, convulsions, and unavoidable hemorrhage;* its utility is doubtful in one of these cases, that is, prolapsed funis, still, providing the pelvis be large and roomy, we may be able to deliver very quickly, and thus save the child, but, as we have before stated, one in three of the children so delivered die. The compression of the funis which takes place in these cases cannot well be avoided, therefore, should the head be delayed in the vagina, it would perhaps be advisable to place a tube in the child's mouth and excite respiration, as has been done by Baudeloque and Bigelow; for the compression of the head there is no hurrying help but the forceps.

Should we have the choice betwixt forceps and turning, I should prefer the former. An antero-posterior diameter of three and one-half inches is sufficient to allow a living child to pass with or without their use,† and it is considered a safer method than to turn, even in a pelvis of four inches, because the child can better bear compression of its head than severe extension of its neck.‡ and, even though the conjugate diameter be but three inches, the forceps can be applied.§

To determine the size of the pelvis we may place the patient under an anæsthetic, and introduce the entire hand into the vagina; should we conclude the pelvis is too small for the use of forceps, that is less than three inches, turn and deliver, or perforate.

The fact may be worthy of mention, that a Dr. Holcomb has successfully treated his patients affected with deformed pelvis, who could not give birth to living children, owing to the smallness of their passages, by bleeding, opium, digitalis and calomel. His figures tend to show that he has reduced the weight of children about one-half. His principle is to derange digestion and keep the liver morbidly excited. He cites cases of bilious and other fevers to confirm his doctrines; also the case of opium eaters.‖

* Churchill.
† Radford, in Churchill.
‡ Barnes, p. 231, *Braithwait*, Jan. 1861.

* Churchill. † Churchill. ‡ Dewees.
§ Baudeloque. See Churchill.
‖ Dewees, p. 602.

OPIUM INTOXICATION.

Read before the Meigs and Mason Academy of Medicine, at Middleport, O.

BY DR. J. B. MATTISON,
Of Chester, Mo.

More than a year has elapsed since we gave to the profession, through the columns of this journal. the history of a somewhat remarkable case of the subcutaneous administration of morphine.

This subject had been employing it for a period of more than five years, first using it for the relief of an obstinate neuralgic trouble, sciatica. in quantity varying from five to fifteen grains daily, according to the severity of his suffering. and the pressure of other circumstances over which he could exercise no control.

We advanced it as our opinion that much of this excessive consumption was not due, solely, to the urgency of his neurotic disorder, but that the man had been taken captive by the drug, which wields so potent an influence over man, psychically and physically considered; and entertaining this belief, and regarding the case amenable to treatment, we, at his request, instituted a plan of therapeutical operations which we hoped would have the effect of mitigating, if not entirely relieving, his physical distress, and, at the same time, release him from the seductive power which then enthralled him; promising, should the result be favorable or otherwise, to report the same to the profession.

This patient has now passed from under our observation, and the recent report* of an interesting and instructive address by the President of the American Association for the Cure of Inebriates, on the subject which heads this communication, would seem to present an opportune time for the summing up of this case, and deducing therefrom any points of practical value which may have presented themselves.

First and foremost, let it be noted that the result of our observations agrees with those of Dr. Parrish, and though our success was not as brilliant as in the cases detailed by him, yet it carries with it a certain amount of confirmatory evidence which may prove of value in the management of like cases in other professional hands.

Many remedial measures for the neurotic element in this case had been employed without radical relief, and, believing success in that direction to be a *sine qua non* of treatment as to his over indulgence in morphia, that no abandonment of his baneful habit could be expected until exemption from bodily suffering should be so complete as to no longer demand it for that particular purpose, we directed our treatment primarily to that object.

Among various therapeutical agents enumerated by the patient as having been used (and as he was a man of intelligence and seemed to have kept himself unusually well informed, we had no reason to question his veracity), one powerful nerve tonic, arsenic, was conspicuous by its absence, and as, in our hands, in other neuralgic cases, it had yielded excellent results, we placed him upon the use of liq. pot. arsen., gtt. v. ter die, to be gradually increased, and with it Moller's cod liver oil, the latter as a general nutrient tonic, without which, or a corresponding amount of highly nutritious food, we believe it difficult to secure signal success in the management of obstinate neuralgic cases occurring in broken down, debilitated constitutions.

Pursuing this plan of operation we soon began a systematic reduction as to the strength of his injections. And. the more surely to accomplish this, we administered them in person, meanwhile meeting the various indications which arose as a result of his long accustomed stimulus being withdrawn.

This course was persevered in for some time, until the diminution in the amount of morphia increased to two-thirds of a grain per diem; the former quantity, be it remembered, ranging from five to fifteen grains. Beyond this we found it difficult, and, as it eventually proved, impossible to go. Up to this point the man's determination to do all that within him lay towards ridding himself of his baneful habit had held out remarkably, but, at this juncture he showed signs of giving way, and, seeing him wavering, we suspended further reduction, hoping to hold him to that amount for a time and then continue the decrease. It was of no avail, however, for, after submitting to this maximum reduction a few days, his fortitude entirely forsook him, and, breaking through all restraint, he declared his determination of going back to his vicious practice, and, despite our remonstrance, he possessed himself of a syringe and resumed the injections as fully and freely as before, the last amount we had cognizance of averaging eleven grains per day.

* Vide REPORTER, No. 873.

Several interesting features of the case will bear mention somewhat in detail. This man began the use of morphia, not from any desire for increased mental activity or social enjoyment, but from sheer physical necessity, no other agent employed seeming equal to cope with the severe pain of his intractable disease. And, in addition, we have no doubt that certain hygienic circumstances surrounding him contributed, in no small degree, to his inordinate use of the drug. Far away in the wilds of Australia, literally, a "wandering Jew;" at times, with a sufficiency of aliment inadequate to his need; borne down, doubtless, by a sense of his loneliness, his destitution and his bodily distress, we have no hesitation in believing that morphia was, at times, to him more than mere medicine, it was actual food, and it can easily be comprehended how, when suffering the pangs of hunger, he should fly to the solace afforded by this fascinating drug, and when fully under its influence become entirely oblivious to hunger, hardship, poverty, pain, and all his deplorable surroundings. If such were the facts in the case, they carry with them a suggestive teaching as to the paramount importance of placing favorable hygienic conditions around these victims of the opium habit, if we would succeed in bringing them out of the bondage which enslaves them, and confirm the second fact summarized by Dr. Parrish in regard to the use of opium, "men take it, not for social enjoyment, but for a physical necessity."

As has been observed, there is a wide diversity of opinion concerning the propriety of a complete or gradual withdrawal of the habitual intoxicant. There are those prominent in the profession who do not hesitate to affirm that "tapering off" will not result in a cure, and, in this particular instance one of the most eminent medical men in this country recommended the man to request his friends to place him in confinement and cut off his morphia at once and forever.

Despite all this, we incline to the belief that the plan of progressive decrease is most applicable to a majority of cases. It can readily be imagined what a profound disturbance of the whole economy must necessarily ensue on the accustomed stimulus being entirely withdrawn, and we can also appreciate the force of this man's assertion that, sooner than undergo such a procedure, he would attempt self-destruction. Other points in favor of gradual diminution have been so thoroughly brought forward in Dr. Parrish's paper, that they need not here be repeated.

One of the most troublesome symptoms connected with the attempt to emancipate this man from opium was obstinate insomnia. For the relief of this, various hypnotics, singly and combined, were employed, but nothing answered the purpose so well as a combination of potass. brom. and tinct. hyoscyam, grs. xx, of the former, to ʒij of the latter, with which sleep was soon secured.

Another cause of annoyance and discomfort was profuse hydrosis. To check this, atropia was resorted to, hypodermically, one-sixth of a grain with the evening injection, and the success attending it was such as to fully confirm the favorable opinion entertained by Ringer and others concerning the value of belladonna or its alkaloid in excessive cutaneous secretion.

The atropia seemed also to exercise a salutary effect in overcoming a markedly torpid intestinal condition. At all events, its use was soon followed by more regular evacuations than had occurred for a long time, and, as belladonna was considered, by no less famous authority than Trousseau, as well as other observers, to be the remedy, *par excellence*,, in habitual constipation, it is fair to presume it was the beneficial agent in this case.

How much effect potass. brom. had in diminishing the craving for opium, a virtue it is said to possess, we cannot say. Suffice it to state we gave it in gradually increasing doses, with a view of determining the *maximum* amount the patient would bear, and found this to be sixty grains, at bedtime, which produced no apparent ill effect, save an intense cephalalgia, "splitting," as he expressed it, the following day.

In conclusion, while admitting a lack of satisfactory success, we cannot refrain from expressing our conviction that the great element wanting towards carrying it to a gratifying termination was sufficient mental stamina on the part of our patient, coupled with hygienic circumstances not as desirable as could have been wished, and which, owing to inadequate pecuniary and social resources, he was unable to improve. That his physical condition improved was unquestionable, and that, had his social condition been on a higher plane, and he possessed of a fuller amount of courage and determination, the result would have been different, we think equally indisputable.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC BY PROF. WM. H. PANCOAST.

REPORTED BY J. V. SHOEMAKER, M. D.

Gentlemen:—In the absence of my distinguished colleague, Prof. Gross, who is attending the meeting of the American Medical Association, at Detroit, it becomes my duty to hold the clinic of the college. The first case that I bring before you is a simple one, but one that you should understand. These ordinary cases of surgery, are those that you will first meet with. The patient, Miss L——, aged 22 years, complains of a tumor on the upper jaw, which is very painful, and bleeds on the slightest touch. On examining I find a pulpy, vascular mass, just above the alveolar process of the superior maxillary bone, opposite the root of the second molar tooth. This pulpy mass is about the size of a small hickory nut, and on probing it, you will see how readily it bleeds, and how great is its vascularity. It is deeply seated, evidently involving the periosteum. You can examine it as I pass the patient around. The cause is not known; some injury may have produced it, or some disease at the root of the tooth. The tooth *itself* appears sound. Although it seems a simple vascular tumor, caused by irritation, yet I think it is important to remove it at once. This I do, as you see, by stretching the cheek back with my finger in the mouth, and with the chisel end of this scalpel, I scrape out the tumor thoroughly, down to the periosteum. The bleeding is not so great, as I have removed the pulpy, vascular mass. I apply the strong solution of subsulphate of iron, which at once checks all hemorrhage, and makes a strong alterative impression on the surface, from which the tumor grew. This is all I shall do at present; if I find the root of the tooth involved, I will pull it out. The patient is to gargle the mouth three or four times a day, with an infusion of cinchona, ℥iv, containing a drachm of tinct. myrrh, and I will apply the salt of iron, or nitrate of silver, when I see her again.

Andrew Lawson, aged four months. This case is one of *simple harelip*, yet the fissure is very extensive. It extends far up into the nostrils. I have had the fortune to meet many such cases as this, and my operations have been followed with success. This is much easier than where we have a double or complicated harelip. The worst part of an operation is the anticipation of the suffering, and the patient having the certainty of relief from pain by the use of an anæsthetic, in ordinary cases, is relieved from this anticipation. It will not be necessary to give this young child ether, for it will not be able to comprehend, or foresee the pain, until it is felt. The operation consists of a little plastic surgery, which should be carefully and skillfully accomplished, in order to leave no deformity. The child is wrapped in a sheet tightly. My assistant can then have perfect control of the child's limbs and body; then, with a sheet thrown across my legs, I grasp the child's head between them, and in this manner secure the head as if in a vise. My assistant, Dr. Barton, will grasp the upper lip, on each side of the fissure, so as to compress the superior coronary arteries, to prevent hemorrhage. I pass my bistoury through the upper lip, at the top of the fissure, about one-eighth of an inch from its margin, cutting as far into the nostril as I can, doing the same on the opposite side, and as I bring my knife down, cutting off this border, until near the lower margin of the lip. I now direct my knife outward, and, sweeping it around, make a triangular notch on each side of the fissure, my knife coming out at the margin of the mucous membrane. This enables me, when I bring the raw edges together with the toilet-pins, to depress the middle line of the ununited lip downward, so as to imitate the natural formation. If some method like this is not followed, a notch will be left in the middle of the lower margin of the lip, making a deformity, as I have seen in some cases where this or some similar plan has not been followed. I turn up the lip, cut through the mucous membrane, loosening the upper lip on both sides of the fissure freely from the bone, lifting up even the sides of the nostrils. This makes the flaps lie loosely, an important point in plastic surgery. I am now ready to draw the lip together. You see how readily I can approximate both sides of the lip. I pass a toilet pin through its thickness down to the mucous membrane behind, half an inch from the freshened edges. It passes through the opposite half lip in the same manner, and I now pass a well waxed silk ligature around the toilet pin, drawing the two halves of the lip easily and neatly together. The margins of the fissure are, as you see, neatly approximated. I now pass another toilet pin through both halves of the lip in the same manner, opposite the apex of the notch which I made by my incisions, and draw both halves of the lip again together with a ligature, in the same way. You see now the reason of this incision. The lip at the lower part of this juncture hangs down. I now take a very fine silk ligature (black sewing silk I prefer), and, using a fine needle, unite the edges of the mucous membrane accurately, at the lowest margin, and behind, with two sutures. Observe how well it looks; this little point hanging down in the middle of the lip, will contract, and draw up in time, so as to give a perfect and natural outline for the vermillion border of the lip, and not a notch as might otherwise happen. I finish the operation, by passing some more of the ligature around the toilet pins, and tie the loop, so as to support the lip on the pins, cut off the ends of the pins with these pin nippers, and place a small piece of adhesive plaster, under each end and head, to prevent this delicate skin from being abraded, cover the surface with soft oxide of zinc ointment, and apply a weak lotion of sulph. zinc and water, on a piece of linen, over the lip, supporting the cheeks, if necessary, by adhesive strips. To-morrow, or the day after, at

the furthest, one of the pins that can be removed with the least damage to the support of the lip, will be taken out; on Saturday the other pin, and the sutures may possibly be removed.

John Mintzer, aged 25 years. This patient sent for me last Saturday, hurriedly, thinking there was dislocation of the knee joint. On examination, I found he had a transverse fracture of the patella, and no dislocation. Six weeks before I was called to see him, he fell backward, while painting, and owing to the spasmodic contraction of the quadriceps extensor femoris, in trying to save himself, he caused the fracture. Owing to the length of time that has passed since the injury, and his using the limb, separation between the fragments was very great. I could lay three fingers in the depression between them. Notwithstanding the length of time since the injury, I thought it well to make an effort to benefit him. I extended the leg firmly, and approximated the fragments, by applying adhesive strips in the form of the figure of eight, above and below the fragments; then a strong bandage, from the thigh above downward, and from the leg upward, so as to force the fragments together, applying a padded splint on the posterior part of the thigh and leg, to keep the leg extended. As he was at my office this morning, I brought him around to let you see him. As the dressings are removed, and he passes around the room, you can readily recognize the fracture, and see the benefit he received from a little less than a week's treatment. The fragments are much more closely approximated; and I can now only bury one finger between them. I shall reapply this dressing, recommending in addition what I have found very useful, a strap, buckled around the thigh, over the bandage and just above the upper fragment, and another strap buckled around the leg below the lower fragment; these can be firmly drawn together by several straps from one, fastened to the buckles on the other, or tied together by strips of bandage. This draws the fragments and holds them firmly together; then reapply the splint on the back part of the leg and thigh. This method I much prefer to Malgaigne's hooks, or the wiring together. One well-known case in which the fragments of the patella were wired together, by the late distinguished surgeon, Dr. John R. Barton, terminated disastrously. [Here the Emeritus Professor of Anatomy came in, warmly welcomed by the class, and remarked that hew as present at the operation just mentioned, and that the patient died from suppuration of the joint and pyemia, an affection not so well understood at that day as at the present.] By this treatment I hope to approximate the fragments so as to shorten the ligamentous union, which will greatly benefit him. I have made some cures, where the union was so close that I could not distinguish whether it was ossific union, or ligamentous. We generally anticipate ligamentous union, but that should not deter you, from endeavoring to make as close a union of the fragments as possible. The shorter the ligamentous union, the better will be the cure; and if it is so close that you cannot distinguish whether it is osseous or ligamentous, it is certainly as good as if it was osseous union. I would like the patient to wear this dressing, if he is willing, for six or eight weeks; then I will apply an elastic knee cap, so as to protect the part, while he is regaining the active use of his limb.

Removal of the Left Superior Maxillary Bone, and a Large Portion of the Right, together with the Horizontal Processes of both Palate Bones.

History.—This case is a very serious one. The patient, Mr. Wm. W. Crawford, was born in Johnstown, New York, age 56 years, and since 1840 has been residing in Louisville, Ky. About 15 years ago a small ridge, about four or five lines in length, made its appearance just back of the left incisor of the upper jaw, which was partially decayed, and extended as far back as the molars. It continued to grow, but so slowly that it was hardly perceptible, and no pain was experienced, except sometimes, when he would contract cold; the teeth would then become sensitive, the ridge would inflame and become tender, which would disappear immediately, as soon as the cold would pass off, and health would return. This state continued until six or seven years since, when it commenced growing quite rapidly, and in the course of three years became so large that it covered more than one-half the roof of his mouth, and extended downward below the free margins of his teeth. On the first of July, 1870, he had it removed, together with six teeth on the left side, including the incisor. These teeth were more or less decayed. The wound healed within a week from the time of the operation, and was apparently in a perfectly healthy condition, and there was no soreness, or signs of a recurrence of the tumor, for two years. About July, 1872, it again commenced growing in the median line of the mouth, nearly opposite, but a little back of the left incisor, from which he always supposed the tumor originated. And it always made its appearance like a small boil. It increased very rapidly, and in about eighteen months became as large as before the first operation, and covered both the palate processes of the upper maxillary bones. During this time ulceration set in, and fetid matter was discharged constantly. The 30th of April of this year Mr. Crawford presented himself at my office, having been sent to see me by Dr. George Griffith, of Louisville, Kentucky. I examined the tumor, and found it to be of encephaloid character, very spongy in structure. The palate processes of both superior maxillary bones and the alveolar process of the left superior maxillary, were so much softened that I passed my trocar up through the bone into the antrum, and by moving it to and fro found it was filled with a spongy mass. He was suffering from periodical hemorrhage. The tumor was so vascular, and growing so rapidly, that I advised him to have it removed, as the only method to prolong his life, even if the cancer should again return, as the exhausting hemorrhage would continue, and probably

would increase in quantity. He told me he had seen two prominent surgeons of the city, and they advised him against an operation, under the circumstances Although I was satisfied that the removal of the upper jaw was his best and only chance, yet I did not urge him to it, and wished him to make up his own mind I therefore advised him to consult my colleagues, Professors Gross and Pancoast, and to obtain their opinions upon his case. This he did, and they coincided with my views without any consultation. Since the examination he has been attacked with a copious hemorrhage and for a time was exceedingly prostrated. Since he has recovered from this he has been under careful and thorough tonic treatment, about four weeks, with the happiest effects. He is very much improved in appearance and in strength, but to-day he has had again slight hemorrhage, and as the weather is becoming warm, I think it best to perform the operation at once. He has been carefully prepared for it, and has been gently purged, with cathartic pills containing blue mass. You thus notice that I have endeavored to prepare my patient carefully, so that he can bear the shock of the operation. I like to have all the chances possible in favor of the patient, and I would wait upon an operation a sufficient length of time, so as to have my patient in the best possible condition, rather than undertake it hastily and rashly.

In performing this operation, we must bear in mind the attachments of the superior maxillary bone. There are four main ones: through the malar bone, with the zygomatic process of the temporal and the external angular process of the frontal; on the inner side, by the nasal process of the superior maxillary. It is narrow, and articulates with the internal angular process of the frontal bone. In the mouth it is united to its fellow on the opposite side, and held firmly in position, by their palate processes, while at the same time it is attached to both the horizontal and vertical portion of the palate bone, which separates it from the sphenoid bone. After opening the face, the ordinary method of resecting the bone is to sever, with a stout pair of cutting forceps, the zygomatic process of the temporal bone; then passing one point of the forceps into the orbit, we cut through the junction of the frontal process of the malar with the external angular process of the frontal bone; then passing one blade of the forceps into the anterior nares, one into the inner side of the orbit, sever the connection of the nasal process of the bone from the internal angular process of the frontal. Then cutting through the palate process with the forceps, we depress the bone and remove it. In lecturing on the surgical anatomy of this part of the face, I have thought that as the malar bone is a solid and resisting one, it might be well to leave it in position, unless it was involved in the cancer, and thus secure support to the eyeball by its orbital process which forms a portion of the floor of the orbit, giving support to the eyeball, and greatly lessen the deformity of the face after the operation. This, I have shown to my class, might be done by passing a chain saw through the spheno-maxillary fissure, which runs forward in the floor of the orbit, near its anterior margin, and bringing this chain out in the mouth, between the superior maxillary bone and the ramus of the lower jaw, saw through, thus separating this bone, the superior maxillary, from the malar. I propose to do so on this occasion. And I have had a needle made for the purpose, by Messrs. Gemrig, which I here show you. It is a strong, narrow needle, semicircular in shape, five inches in length, and modeled on the skull so as to pass readily around the malar bone, as I have described. The method of opening the face to expose the bone is a matter of great importance, and has received great consideration from many distinguished surgeons. Mr. Ferguson has suggested an N incision. Dieffenbach recommends a vertical incision in the median line, through the back of the nose to the upper lip, and a horizontal incision from one canthus to the other, leaving entire the lower eyelid. Mr. Liston made his flaps by three incisions; one from the external angular process of the frontal bone, through the cheek to the corner of the mouth; one along the zygoma, at right angles to this, and a third from thenasal process of the maxillary bone, dividing the ala of the nose from the bone, at its connection with the cheek, and through the middle of the upper lip. Gensoul's method is an excellent one, where a large opening is required. A vertical incision is dropped from near the inner canthus of the eye, so as to divide the upper lip through, over the canine tooth. A horizontal incision is carried outward, commencing just above the lower margin of the nostril and terminating a third of an inch in front of the lobe of the ear. A third is carried down vertically from about half an inch from the external canthus of the eye. This I found to answer admirably in a rather remarkable case, upon which I operated in this amphitheatre, some years ago, before the Summer class of the College. The patient Mrs. —— presented herself to me, with the left upper jaw completely involved, by an encephaloid cancer growing from the antrum of Highmore, absorbing the outer wall of the antrum, and causing a great protuberance of the cheek. The cancer was growing very rapidly, and the patient was seven months gone in pregnancy. I was very much embarrassed as to the course I should pursue. I feared lest the shock of such a severe operation might produce a miscarriage; and yet the cancer was so rapid in its growth, and the patient's health suffering to such a degree, the weather being very warm, that I feared she might not live to give birth to the child, or being too much exhausted by the disease, both mother and child might perish. After some thought and discussion of the case with my father, I decided to remove the diseased jaw, thus giving the patient a chance for her life, trusting that, under the anæsthesia of ether, no uterine disturbance or miscarriage would

occur. I performed the operation, making the flaps after Gensoul's method, so as to give me plenty of room to remove the large cancerous tumor. The patient, under the influence of ether, bore the operation well; there was no uterine disturbance, and no tendency to miscarriage; she did not even require the use of suppositories of opium, or an injection of laudanum. The wound healed kindly by first intention. In three or four days she was walking around her room, and in ten days went to her home in New Jersey; and was finally delivered of a fine healthy child, which she brought to show me. The case I afterwards lost sight of, and I fear the disease ultimately returned.

Mr. Crawford is now thoroughly etherized, and we will proceed with the operation. In his case I shall open the face after the method of Warren and Velpeau. The semi-lunar incision will give me all the room I want, will make less deformity, and from the support of the malar bone, will disfigure the face less than the other methods. In making this incision, we must recollect the position of the duct of the parotid gland (Steno's), which lies in a line, drawn from the lobule of the ear, to a point midway, between the ala of the nose, and the angle of the mouth, opening on the inner surface of the cheek opposite the second molar tooth. I shall make my incision so as to avoid injuring it. I now enter my knife on this left side, deeply, at once, to the bone, about three-quarters of an inch from the temporal margin of the outer canthus, sweeping down in a semi-lunar incision, through skin and fascia, to the surface of the masseter muscle. Putting the two fingers of my left hand into the mouth, and stretching the cheek, I make my knife pierce it, entering the buccal cavity in front of the edge of the masseter muscle, sweeping my knife forward, and pass around the opening of Steno's duct, notching my flap; I drop the blade again, and carry it downward and forward, then, changing its direction, I bring it out through the lower lip, at right angles to its margin, half an inch to the inner side of the angle of the mouth. I now turn up the upper flap, and dissect it loose from the bone while my assistants control the bleeding arteries. As I reach the nostrils, I dissect the attachment of the nose, from the nasal process of the superior maxillary, turning up the flaps and nose together, on the other side of the face, so as to expose the jaw. Now dissecting the flap from the lower margin of the orbit of the eye, cutting the inferior oblique muscle, and pushing up the eyeball, and adipose cushion-like support, I sufficiently expose the floor of the orbit; taking this curved needle I here show you, which has the chain saw fastened to it by a ligature, I pass it over the orbit, and through the spheno maxillary fissure. You see the point presents itself easily and readily in the mouth, and I draw it, with the ligature and chain saw, quickly through. The chain saw rapidly severs the bone. Now with the cutting forceps, entering one blade in the nostrils, I cut through the nasal process, of the bone where it joins the frontal; pulling this lateral incisor tooth, and passing one blade of the forceps on the floor of the nostril, and the other in the socket of the tooth, I readily cut through the junction of this bone with its fellow. With these Lion forceps of Ferguson, I depress the jaw with one hand, while I pass back my knife on the floor of the orbit, and divide the nerve where it enters the infra orbital canal. Now depressing still further, for that is the only way to remove the bone, pushing it down from its attachment with the palate bone, from the pterygoid processes of the sphenoid You cannot push the bone upward on account of the ethmoid bone, nor from side to side. The softened jaw bone crushes under the powerful forceps. With my knife I cut through the tissues which hold it on the outside, and sweeping my knife backward, I dissect off the soft palate, leaving it, and remove the bone with the rest of the tumor. We now tie the bleeding arteries, which are mainly the facial and branches of the internal maxillary, the main trunk of which lies behind, out of the way of my knife, where it passes in between the ramus of the lower jaw and the internal lateral ligament. There seems to be no bleeding from its branches, but a general oozing from the mucous surfaces. I scrape away the softened palate process of the right maxillary bone, and the diseased structures, down to its alveolar process. There is some of the spongy growth in the right antrum. I break through its inner wall, removing all the diseased structures up to its orbital process, leaving only the outer shell of the bone. The soft palate dropping into the pharynx, seems to interfere with the patient's respiration. At the suggestion of my father, I will pass ligatures through it, and draw it up. I fasten one into the periosteum of the malar bone, and two more into the periosteum the tissues in the orbit. It seems to answer well, and the patient's breathing is better. Now with the hot iron, I touch all the suspicious points. There seems to be no hemorrhage from any place, and we think the wound can be closed. Taking these strips of patent lint saturated with our soap styptic, we pack the wound to its depth. You see how the malar bone which I have left, helps to support the packing. We draw the flaps together with the interrupted sutures. The nose is again in its place, and you must be struck with the slight amount of deformity, after such an extensive operation. We support the flaps with strips of adhesive plaster, and apply patent lint saturated with benzoated oxide of zinc ointment, flavored with carbolic acid, apply a retaining bandage over the dressing, and it is complete. I will now send the patient to a private room in the hospital of the college, and give him at once a hypodermic injection of one-third of a grain of morphia; we will nourish the patient on beef tea milk punch, ale, and fluid food, as he will have considerable difficulty in swallowing for several days. Although the patient has lost but little blood in the operation, yet, from the hemorrhage

preceding it, his system is so weakened that we must nourish him as thoroughly as we can.

Memorandum.—12 P. M., Wednesday, June 5. On visiting the patient at this hour. I find the two Professors Pancoast, and the chief assistant of the clinic, Dr. Barton, in consultation over the patient. Professor Wm. H. Pancoast states that since three o'clock in the afternoon, there has been a steady ooze of blood from the diseased tissues of the mouth and nostrils; no arterial flow; ordinary styptics, and even sub. sulph. iron, do not check it sufficiently. The patient is decidedly weakened by it. The Professor fears to let it continue, as his pulse is weak, compressible and rapid, one hundred and fifty per minute, and, from the loss of blood previous to the operation, he thinks it is necessary to arrest the hemorrhage at once. The consultation is in regard to opening the flaps or tying the carotid artery. In consideration of the exhaustion of the patient, the renewed shock to him by opening again the face, the uncertainty then of being able to check the oozing, decides these gentlemen to ligate the carotid artery. They choose the primitive carotid artery, in place of the external, as the additional inflammation so near the top of the throat, if the external carotid should be tied, would materially increase the difficulty of swallowing. Prof. Wm. H. Pancoast ligated the primitive carotid artery, about three quarters of an inch below its bifurcation. The ligation was a somewhat difficult one, as the patient could not stretch his head backward, but owing to the oozing of the blood in his mouth, he was obliged to lie with his head over the side of the bed, so as to prevent suffocation. As soon as the ligature was applied on the artery, the oozing of the blood ceased. The patient's mouth and nostrils were cleaned out as well as possible, refreshing and stimulating drinks were administered to him, and a hypodermic injection of one third of a grain of morphia. Immediately after, he wrote on his slate that he was much better, could breathe easier, and was quite comfortable, and would get well.

Memorandum.—Monday morning, June 15th. I have just returned from seeing the patient. The wound has united by the first intention, and the patient at this time is walking around his room, in good spirits. Twelve days have passed since the carotid artery was ligated, and we are now looking for the ligature to come away every day.

Memorandum, June 29th.—The ligature came away on the fourteenth day. The patient is doing well, walking about and riding out. The external wound is completely healed, and the internal surface is cicatrizing and looks healthy.

JEFFERSON MEDICAL COLLEGE—CLINIC OF PROFESSOR S. D. GROSS.

REPORTED BY T. H. FENTON.

Congenital Hydrocele.

Willie K., æt. three months. In the child before us, you observe, the left side of the scrotum is very much distended. The mother tells us that it was so at birth. On examination we find the tumor is neither gaseous nor doughy to the touch, nor is the testicle at the bottom of the scrotum, as it normally should be. The tumor is translucent, whereas if it was hernial, it would be opaque, and the testicle would lie at the bottom of the sac, which in hydrocele is very rarely the case, the testicle, as a rule, being at the junction of the inferior with the middle third of the tumor. You also observe that the mass is not influenced by pressure, and that there is no material change in the overlying structures. There is less of a tumor in the groin than there would be if hernia were present.

We have distinct fluctuation here, which does not occur in hernia. In reducible hernia the contents of the tumor are easily replaced when the patient is put in the recumbent posture, which is impossible in hydrocele, no matter what position the patient may assume. In order to make the diagnosis positive, I will introduce a very delicate needle into the swelling, with a rotary motion, to condense the edges of the opening, thus allowing the escape of the contents. Upon withdrawing the needle you observe a drop of fluid exudes, showing, beyond question, that the affection is hydrocele. We have a considerable flow taking place from this aperture, and nearly the whole of the fluid has escaped, thus obviating the necessity of making a further incision. The child will require no further attention, except care and rest.

Hydrocele often occurs in children, although the tumor seldom grows to any considerable extent, the contents often disappearing spontaneously, and when treatment is required, it is much milder than is necessary for an adult. Good results have been obtained by the external use of iodine, or the lotion of the acetate of lead; or acupuncture may be necessary. A cure may be effected also by passing a thread, dipped in the tincture of iodine, through the tumor, and allowing it to remain from twelve to twenty-four hours.

Organic Stricture of the Œsophagus.

Mary H., aged three years. This child was first brought before us last autumn, suffering with an organic stricture of the œsophagus, the effects of some lye which she had accidentally swallowed in June previous, nearly a year ago. At the time of her first visit the stricture was very tight. We have not attempted to introduce any instrument, and, in fact, no possible good could result from the operation. A stricture caused by an alkali is generally not very dilatable. Organic stricture of the œsophagus is caused by a high degree of inflammation, by hot water, by the contact of acrid substances, such as alkalies and acids. The seat of the disease is in the lining membrane, and the cellular tissue immediately beneath, which are hard and resisting, and grayish or grayish white in appearance. The muscular tissue is involved only in cases of a very serious character. This child comes to us to-day, simply that we may see her,

and also that we may be informed what further developments have taken place in her condition.

Her physician tells us that she is now unable to swallow anything but liquids, and of these but a small quantity at a time. He also states that sometimes she cannot swallow anything of any description for several days. She once remained for a period of about fourteen days without taking any food by the mouth, and yet, withal, you notice how healthy and robust she appears.

Her bowels are in good condition, and the child seems perfectly comfortable She has no fever, but is very restless at night. In view of this I would advise an enema, containing quiniæ sulph., grains jss, to be given twice daily. The prognosis is, of course, unfavorable.

Lupus of Nose and Cheek.

Mrs. F., æt. forty-five years. This woman complains of a tumor on her face. You observe on the left side of her nose a slight elevation above the skin. It is about three-fourths of an inch long and a half inch wide; there is also one on the end of the nose, about the size of a pea. It is a species of lupus. She does not complain of pain, but has a constant itching, which is very troublesome. She tells us that at one time it was entirely healed, but appeared again shortly afterwards. A period of ten years has elapsed since it first made its appearance. She also informs us that a scab comes off at intervals, varying from a week up to a month. Her diet affects it, although it is not susceptible to changes in the weather. We may arrest the progress of the morbid action by means of the knife, or with some suitable escharotic, as Vienna paste, the acid nitrate of mercury, etc. I prefer excision with the knife. We may by this means be enabled to prevent a recurrence of the disease. I therefore pass my knife carefully around it, as far as it extends, thus securing the whole of it. I shall now join the edges of the wound with the interrupted suture, and with strips of plaster. I shall not disturb the smaller growth at present.

April 18. The wound is closing nicely, and the parts are in good condition. I shall order a poultice of slippery elm to be applied, to be changed twice in the twenty-four hours.

Neuralgia of the Mammary Gland.

Mrs. R., æt. twenty years. This woman complains of a continuous pain, of a year's duration, running from the left "breast" to the corresponding axilla. The pain is most severe in the afternoon and at night, it is of a sharp stinging character, and is not preceded by a chill. She suffers from headache, loss of appetite and sleep. The pain is most severe in bad weather, and is evidently neuralgia. To-day the pain has lasted from nine A. M. until now (one P. M.). We shall order her a pill of

R.	Pil. hydrarg.	gr. v.	
	Pulv. ipecac.	gr. j.	M.

To be followed, if necessary, by a full dose of Rochelle salts. To-morrow morning, at 8 or 9 o'clock, we will also put her on the use of quinine, giving her ten grains daily for a week. We shall also give her an ointment of

R.	Veratria	gr. xv.	
	Cerat. simp.	ʒ ij.	M.

This she will rub twice daily on the parts, over the course of the pain. The patient returns today, April 18th, much improved; instead of her taking ten grains of quinine daily, as she was directed to do, she has been, from a mistake, taking double the amount, which has produced a slight buzzing noise in the head.

The pain in the breast has disappeared, but there is some remaining in the side. We will now diminish the dose, giving her a two-grain pill of quinine three times a day, and let her keep on with the ointment. When you find the disease under your control do not stop your treatment immediately, but persist in it for a week or ten days.

Cystic Tumor of the Wrist.

Mrs. R., æt. fifty years. This woman has a tumor about the size of a walnut on the palmar surface of the wrist. It is simply a cystic tumor, or ganglion, in connection with the sheath of the tendons of the flexor muscles. There is no discoloration of the skin; the tumor is round, perfectly movable, and free from pain; the fingers cannot be bent, because the tumor impinges upon the annular ligament of the wrist. The sac is in direct connection with the sheath of the tendons, and the manner of its formation is still doubtful. I do not think it is of new formation, but simply a sacculated expansion of the sheath. It is mostly the result of inflammation, although very seldom caused by external violence. A pouch is formed, as it were, between two patches of lymph that have become organized. It is very frequently found in working people. I have a case at present under my notice, of a young girl, who is quite a constant and skillful performer on the piano, who has a tumor of this description on each wrist. As this tumor is rather firm and old, the patient stating that it has been there for more than two years, I shall not attempt to rupture it with my thumb, but use my sharp-pointed tenotome, and after the contents have escaped, inject it with tincture of iodine. I will now make a small incision with my knife, and, on withdrawing it, you see, as I press on the tumor, the contents escaping. The fluid has very much the appearance of currant jelly. We must take care, in our operations in this situation, not to injure the radial artery. The fluid in these tumors varies greatly in character; it may be like oil, may be semi-solid, or of a thick, ropy consistency.

In many cases you will find what we have here contained in this sac; a number of little bodies, very similar in size and appearance to a cucumber seed, lying in different compartments of the tumor. They are but masses of lymph detached from the sides of the sac. We

must, however, be careful to remove all of them, as they cannot be absorbed. I shall now inject about a half ounce of the tincture of iodine diluted with alcohol, the strength being one part of the former to seven of the latter. This will have a tendency to change the action of the sac. I now apply a compress and bandage to the parts, order the arm to be kept elevated, and the patient to take light food.

Medical Societies.

MEDICAL BOARD, EASTERN DISPENSARY.

STATED MEETING.

New York, May 7, 1874.

Dr. Mitchell introduced a case of

Myoparalysis and Parapsis following Middle-third Fracture of Clavicle.

The patient, William Caddle, resides 18 Dover street, 35 years of age and married, being present, verified the following history:—

On Sunday evening, March 29th, 1874, about ten o'clock, in a fall, on the premises where he resides, from one landing of a stairway to another, suffered a simple fracture of the right clavicle, middle third.

Observed, on examination, the weight of the arm, together with the deltoid, pulling down the pectoralis minor and subclavius muscles forward and inward, and the sterno-cleido mastoideus in the opposite direction, both being largely developed, the subject being a very muscular waterman, left what appeared, at the time, to be a very unusual interspace. Immediately reduced the fragmentary bone, and applied segar box splint, temporarily, to the longitudinal axis of the fractured bone. Directed ice-cold water.

The following morning, Monday, March 30, replaced the temporary dressings with the usual pad, made of wood, covered with wadding in this particular instance, however, and sling, together known as Levis' Clavicle Fracture Apparatus, with the addition of one or more modifying straps. Directed ice-cold water dressings for two or three days.

The case progressed favorably enough, without any unusual complication, till about April 19 (Sunday), when the attention of the patient was called to the unusual sensation of "pins and needles sticking him in the ball of the hand," followed by swelling of the prominence over the articulation of the second metacarpal with the first phalanx of index.

This gradually increased; then followed paralysis of the thumb, forefinger, and partial paralysis of the middle finger, accompanied with, first, diminished touch, and afterward loss of sensation of the parts named.

Sunday and Monday, April 26 and 27, the maximum of pain and paralysis was reached, thence the slight improvement succeeded.

Treatment by faradization was commenced about Friday, April 24th, and half-hourly sittings were frequently had. The patient was instructed to have friction well and very frequently used upon the whole extent of the arm. Also, water was allowed to run upon the arm and hand affected, from some height, after the manner of a douche, though this was not well borne at first, and after short discontinuance, with benefit, was resumed.

Examination, June 4 (this anachronism, since these minutes were transferred, still later), shows the anterior, or palmar aspect of the thumb, forefinger, and middle finger without sensation, while the dorsal aspect is acutely conscious of external impression.

There is a reasonable amount of motion. The forefinger suffers most from lack of muscular control, standing erect when the hand is closed, as in grasping, and interfering in the prosecution of business duties. The pain, before mentioned, has subsided, and now gives the patient little or no trouble.

Patient requests the amputation of the forefinger, which is declined.

New York, June 11th, 1874.

The Committee to draft resolutions appropriate to the withdrawal of Dr. G. H. Mitchell, as Secretary of the Medical Board, E. D., offered the following report:—

Whereas, Dr. Geo. H. Mitchell has been Secretary of the Medical Board, E. D., for a period of six months.

Resolved, That Dr. Geo. H. Mitchell has, during that period, duly, accurately and satisfactorily discharged the functions of this office, supplementing the service as temporary custodian of the funds.

Resolved, That Dr. Geo. H. Mitchell is entitled to our sincere thanks, which are herein and hereby extended; these resolutions to be recorded on the minutes, and an attested copy forwarded.

Signed, Henry Raphael, M.D.,
A. A. Davis, M.D.,
Fuller Walker, M.D.

NEW JERSEY STATE MEDICAL SOCIETY.

The New Jersey State Medical Society held their 108th annual session at Long Branch, on Tuesday and Wednesday of last week.

At the fixed hour of meeting, 7½ o'clock, P. M., more than a hundred delegates and members were present from the several District Medical Societies of the counties in the State.

Ex-Governor Dr. Wm A. Newell, a senior member of the District Medical Society of Monmouth county, within whose bounds they had met, gave the address of welcome.

After the report of the Committee on organization, the President, Dr. T. J. Thomason, of Monmouth, delivered the annual address, for which he received a vote of thanks from the Society, and a copy was requested for publication with their "Transactions."

The Society then adjourned and spent the remainder of the evening at the Mansion House, in a reunion with the District Medical Society

of Monmouth, whose hospitality was generous, and will long be remembered by those who received their grateful attention while in their care at this city by the sea.

Business was again resumed at an early hour on Wednesday morning.

The death of the late Dr. R. M. Cooper, of Camden, a former president and fellow of the Society, received merited attention, and arrangements were made for a detachment of the Society to attend the funeral next day.

Dr. Wickes, Chairman of the Standing Committee, made the annual report, which is a valuable document, containing an account of disease and its prevalence, with results in mortality, throughout the State, for the past year.

A revision of the Fee bill, with a report of the Corresponding Secretary and Treasurer, was followed by reports of corresponding delegations to other Societies.

Dr. G H. Larison, Chairman of the delegation to the State Medical Society of Pennsylvania, and Dr. R. J. Pumyea, Chairman of the delegation to the State Medical Society of New York, gave each their reports from those bodies.

Delegations from other States were present, and addressed by the President, and responded to by each, led off by Dr.——, of New York, and followed by Dr. O. Leary, of Rhode Island.

The third Vice President's essay, Dr. J. V. Schenck, of Camden, was an able paper on the Obstetrical Forceps. He received a vote of thanks, and was requested to furnish a copy for publication.

On application, a charter was granted to constitute a new District Medical Society in and for the county of Ocean completing the list of District Medical Societies in every county in the State.

Dr. J. W. Ward, of Trenton, physician to the New Jersey State Lunatic Asylum, and Dr. R. B. Bateman, of Cumberland, were appointed essayists for the coming year.

The Society, after concluding the usual routine business, went into an election of officers for the coming year, as follows:—

President.—Dr. Geo. H. Larison, of Hunterdon.

1st Vice President.—Dr. Wm. O'Gormann, of Essex.

2d Vice President.—Dr. J. V. Schenck, of Camden.

3d Vice President.—Dr. H. R. Baldwin, of Middlesex.

Recording Secretary.—Dr. Wm. Pierson, Jr., of Essex.

Corresponding Secretary.—Dr. Wm. Elmer, of Mercer.

Treasurer.—Dr. W. W. L. Phillips, of Mercer.

Three delegates were appointed to visit each of the Medical Societies of the following States: Pennsylvania, New York, Ohio, Delaware, and each of the New England States.

The Society then adjourned, to meet in Atlantic City, in their 109th annual session, in May, 1875.

This is the oldest Medical Society on the continent, and was organized at New Brunswick, in this State, in 1766, and now has over four hundred members.

BROWN COUNTY (OHIO) ACADEMY OF MEDICINE.

The Academy of Medicine met pursuant to call. May 20, 1874, in the Presbyterian Church, Georgetown, and was called to order by President Dr. T. W. Gordon, and prayer was offered up by Rev. S. A. Vandyke. The secretary, W. W. Ellsburry, read the minutes of the previous meeting, which were approved, after which the President read his inaugural address, which was received with commendation. Members present:—Drs. Thos. W. Gordon, A. N. Wylle, D. Gould, E. R. Bell, J. C. Winters, W. W. Ellsburry, W. A. Dixon, and A. Williamson. On motion the Society proceeded to the election of members. The following named gentlemen were duly elected by ballot:—Drs. W. Love, I. M. Beck, J. M. Salbury, J. B. McLain, S. T. B. Black, S. C. Gordon, W. A. Bivans, A. M. Ellsburry, F. Smith, E. B. Fee, F. Eichler, Y. Stephenson. On motion the subject presented at the former meeting for discussion was taken up and discussed by the Society, all taking an active part, giving their views in brevity. On motion Drs. W. Love and W. W. Ellsbury were appointed delegates to the State Medical Society, to be held at Toledo, June 16th, 1874. It may now be said that the Academy of Medicine in Brown county is a living institution. [The best of feeling prevailed. Good dinners, good words, good looks, good everything characterized the meeting throughout.] J. M. H.

Editorial Department.

Periscope.

A Case of Blue Sweating.

The following interesting case is given by Dr. Stokes, in the Dublin *Journal of Medical Science*, December, 1873:—

A young woman, of full, rather voluptuous habit, who had been in perfect health, was exposed to mental depression in consequence of a difference between her and her parents as to an affair of the heart. She remained for some time in rather a low, depressed condition, taking very little interest in the world, although she moved in fashionable society. Gradually a bluish hue appeared, but always under the eyes.

It extended to about an inch, or an inch and a half below the lower eyelid, and it remained singularly stationary. On some days the hue was less marked than on others. The curious part of the case was that this lady had no headaches; but, after a month or two, she became subject to singular trances, in which she would lie, to all appearance, insensible for an hour or two; latterly, indeed, the attack lasted several hours. On one occasion she remained perfectly insensible for five hours. While in this condition, except that she had not the shrunken face, an ordinary observer would believe her dead. The respiration was singularly low, so low as to be hardly perceptible, and only to be ascertained by a looking-glass. The pulse was slightly accelerated, but feeble; in this condition of perfect stillness she would remain for hours, and then suddenly, and without any effort, awake from it and speak. This continued for many months. She had an attack of trance every day, and sometimes twice a day. This lady was greatly distressed in consequence of the result of a consultation held on her. Two medical men were called in to see her, and they foolishly communicated to her their opinion that the whole matter was simulated, an announcement which produced on the girl a most terrible effect. The refusal of food, the length of the trances, the lowness of the spirits, all were immensely increased. At the end of a year one of her parents being persuaded there was no affectation, consent was given to meeting her wishes. She now rapidly recovered, and has remained perfectly well ever since. In this case little or no medicine was employed. It was hoped that attention to her general health, supporting her strength, and time, would be all that could be done for her. With a fine cambric handkerchief, a slight, but only a slight tinge could be obtained by wiping the colored part, and, whenever a certain amount of pressure was made on the part, there was, for a time, a great diminution of discoloration.

Amputation of the Penis.

Mr. Henry J. Tyrrell, F. R. C. S. I., says, in the Dublin *Medical Journal*:—In amputation of the penis, when, from the extent of the disease it becomes necessary to remove the organ from the pubes, the crura are liable to retract beneath the pubic arch, and, consequently, much difficulty is often experienced in arresting the hemorrhage from the stump.

An old man, aged seventy, with very extensive epithelioma of the penis, of four years' growth, was admitted into the Mater Misericordiæ Hospital, under my care, last November. The disease engaged so much of the organ that I was obliged to remove it as far back as the pubes, and I adopted the following simple method of preventing the contraction of the corpora-cavernosa.

Having with my left hand drawn the penis well forward, I transfixed, with a strong acupressure pin, the crura immediately in front of the pubes, and tied a thin tape tightly round the penis behind the pin. I then, with one stroke of a small amputating-knife, cut through all the organ in front of the pin. The tape being gradually loosened, all the arteries requiring notice were twisted; the urethra was next slit for half an inch, and I united the mucous membrane of the urethra to the skin by three sutures of carbolized gut; a piece of cork was stuck on the sharp end of the acupressure pin, *which was not removed*. No dressing was applied; and the patient was directed, when he desired to pass water, to press the bell-end of a vaginal glass speculum against the pubes, and to micturate through it. I also desired my dresser, Mr. Dempsey, if any hemorrhage came on during the day, to apply a figure of eight suture round the pin and over the stump, sufficiently tight to control it.

Everything went on well; no pain was caused by the pin. I did not remove it for three days. No further details are necessary.

It is quite evident that by the use of the pin in the manner described, all danger of hemorrhage is avoided; and also, by leaving it in for a few days, rest to the stump is secured, and time is given for the speedy union of the mucous membrane and integument.

As far as I know, this mode of treatment has not been before described.

On Enlargement of the Prostate.

Dr. J. S. Hough says, on this topic, in the *Medical Times*, Feb. 14, 1874:—

It is not difficult to understand that the prostate body, which remains undeveloped in the male so long as the organism is under the domination of the reproductive organs (testicles), should begin to develop when this influence is removed. So in the woman, when the reproductive faculty is extinguished at the menopause, or by ablation or disease of the ovaries, the uterus, which is the analogue or a part of the prostate in the male, degenerates, shrivels up, and is reduced in size. The uterus in the female diminishes in size from the same cause that the prostate increases in size in the male, viz., the deprivation of the domination of the sexual organs (testicles or ovaries). It would be interesting in cases of enlarged prostate to inquire whether there is loss of, or diminished, sexual power or vigor, as confirmatory of this theory.

It is no argument against this theory that enlargement does *not always* occur in old age, as one might imagine from the statements of the authorities cited; for all males or females, even when deprived of the essential organs of reproduction, do not develop secondary sexual characters of the opposite sex, though it is the rule for them to do so.

It is a rule, therefore, that enlargement of the prostate occurs in the aged (being indicative of decline in, or extinction of, the procreative faculty) for the same reason and under the same circumstances that atrophy of the uterus

takes place in the aged woman; both indicating a developmental determination towards an intermediate (hermaphroditic) sexual condition, caused by the elimination of the domination of the essential organs of generation (testicles and ovaries).

This theory is strongly corroborated by the fact of the very great frequency of cancer of the uterus (of all the women dying of cancer, 28.66 per cent. die of cancer of the uterus), and the very great rarity of cancer of the prostate body (of all the men dying of cancer, only .27 per cent. die of cancer of the prostate).

Now, it is well known that cancer is a degenerative process or retrogressive developmental disease, and attacks the mammæ, or glandular organs, and the uterus, a muscular organ, usually after they have ceased to perform their destined functions connected with reproduction. This being true, it is curious to note that the prostate is more or less enlarged in from 20 to 35 per cent. of all men dying after the fiftieth or sixtieth year; yet of all the men who die of cancer. only .27 per cent. die of cancer of the prostate, it being more than one hundred times less frequent than cancer of the uterus. The conclusion is, therefore, that, cancer being a disease which attacks organs that are degenerating, and itself further degenerating and destroying them, the enlargement of the prostate body is not a retrogressive but a progressive developmental evolution of the congenitally under-developed homologue of the uterus. The fact being established of the development of female organs and secondary sexual characters in old men, that is, a tendency towards hermaphroditism (which latter is an intermediate state between the separate male and female condition), is altogether in favor of an opinion which we have deduced from numerous observations, viz., that the type of all diœcious species is sexually hermaphroditic; that is, the man is as much above the type as the woman is below it.

We conclude, therefore, that simple enlargement of the prostate body, far from being a diseased condition. is frequently, and indeed generally, but one of the exhibitions of the vibrations in the pendulum of developmental or evolutionary forces which determine and separate the sexes.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Dublin *Journal of Medical Science*, May, 1874, remarks: "It is worthy of note, that the two last works on otology, of the present day, viz., Turnbull's and Roosa's, both emanate from the American press." This is a well merited compliment to the authors mentioned.

BOOK NOTICES.

Hints in the Obstetric Procedure. The Annual Address before the Philadelphia County Medical Society. By Wm. B. Atkinson, M. D., retiring President. Delivered May 8, 1874. Published by order of the Society.

It is long since we have read so practical an address, and still longer since we have laid eyes on any address delivered before the Philadelphia County Medical Society. It abounds in useful hints gained by close observation, and by a careful study of a large obstetric practice. Within the compass of twenty-eight pages the author gives the quietus to that mischievous proverb, "meddlesome midwifery;" shows how to treat "false pains," a rigid os, and obliquities of the womb; advocates the timely use of the forceps, and suggests different positions of the woman to suit various requirements of labor. He insists upon the "immediate removal of the placenta," and extols Crede's method as the best. After-pains are not looked upon as dispensations of Providence, but are at once exorcised by a stiff dose of morphia and chloral. The proper nourishment of the mother and the care of the child are next ably considered. He does not believe in "slops," nor do we.

Up to this point we can give the right hand of fellowship to Dr. Atkinson, but on the obstetric binder he has the bad taste to disagree with our enterprising brethren in Montgomery county, Pa., who will be pained to find him upholding this relic of the dark ages. Our own indignation would be great, were it not disarmed by his next hint, the redeeming one, of opposing "the canonical purge on the third day." This, in our eyes, covers a multitude of sins, and very appropriately ends the address.

We have given a longer notice to this pamphlet than we usually accord to this class of medical literature. But, apart from its intrinsic merit, it deserves the meed of praise for being one of the very few annual addresses vouchsafed by the presidents of the Philadelphia County Medical Society, who toil not, and neither do they spin.

—Emily Faithful, the English lady, who is one of the most respected and able of the advocates of the interests of her sex, says that in her opinion the intemperate use of ice water is one of the causes of the delicate health of American women.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 4, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

The terms of these are as follows, payable in advance.

Med. and Surg. Reporter (weekly), a year,	$5.00
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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

THE CRY OF MAD DOG.

The periodical alarm about hydrophobia, which usually attacks the English and American newspapers in the early summer, has raged this year with unusual violence. Preventive measures are quite actively looked to for a few weeks, to be quietly dropped for the remainder of the year. Yet the absurdity of this sort of action is apparent to any one who will examine the history of the disease.

In a paper recently read before the College of Physicians and Surgeons of New York, Dr. CHARLES P. RUSSELL gives some valuable statistics of the disease, with reference to its frequency in various seasons of the year. 671 cases were in spring, 580 in summer, 583 in autumn, and 573 in winter. This was offered to show the absurdity of preventive measures in the use of muzzles during only one part of the year. The danger was greatest from vagrant dogs, of which there are more than 5000 in this city. That no precautions were taken against hydrophobia he thought remarkable, when sanitary precautions were so stringent. In the past year four deaths have occurred in this city from hydrophobia. There were sixty-three in the United States.

The feeling of alarm we referred to seems also to have extended to the European continent. According to a letter we have seen from Vienna, the disease is exciting public attention in the Austrian capital. So many cases of hydrophobia have lately occurred that the authorities consider there is at the present moment an epidemic of hydrophobia, and a meeting of veterinary surgeons has been called to consider whether there should be a general slaughter of all dogs found in the streets.

All sorts of suggestions have been made with reference to treatment. If not instructive, yet it may be entertaining to our readers to quote a few of them, especially such as have attracted the attention of our medical brethren abroad.

Dr. Jitzky lately communicated a very interesting circumstance to the Imperial Society of

Wilna, in Russia, respecting a very vicious dog, who had a habit of rending vipers (*Coluber berus*) into pieces, and whose muzzle and neck were covered with tumors produced by the bites of these reptiles. This dog was bitten by a rabid dog, which had caused death from hydrophobia to several horned animals and a young dog. The owner of the first mentioned dog, who valued it, kept it alive, but watched it continually, so as to destroy it on the first appearance of rabies. No symptom of the disease, however, appeared; and to the great astonishment of Dr. Jitzky and of its owner, the dog continued in perfect health. But what particularly attracted Dr. Jitzky's notice was, that a woman living in the same locality was first bitten by a viper, and subsequently by a mad dog, and hydrophobia did not ensue. This led him to ask if there was not an antagonism between the venom of a viper and that of rabies. If this be admitted it would be possible to preserve young dogs from hydrophobia by innoculating them with the venom of the viper. It is reserved for future experimentalists to decide the reason of the singular coincidence which occurred in the facts above cited. It also appears from the *Gazette le Kievlanine*, that among the remedies vaunted against rabies, and which are about equally effectual, the "znakhars," a kind of wizzards in the south of Russia, employ the root of the black turbith (*Euphorbia palustris*.

A Mr. Prince has published in the *British Medical Journal* a recipe of considerable local celebrity, and which is said to have effected remarkable cures. It is as follows:—

℞.	Buxi sempervirentis	℥j.
	Antirrhini linariæ	℥vj.
	Hellebori fœtidi	ʒij.
	Lichenis cinerei terrestris	℥iij.

Powder the dry or bruise the green herbs in an iron mortar; put them into a quart of cold milk and boil down to a pint; strain while hot, skim when nearly cold, and then add

℞.	Pulv. gascoigni	℥iv.
	Pulv. jalapæ, ferri carbon. sing.	℥ij. M.

One-third part of this mixture is to be taken on three consecutive mornings, fasting. The following directions are added: "If working of them too much make four of it for Christians, but for beasts three times as much. If the person is mad before taken in hand, mix the same quantity of powders as above in a teacup of new milk till a drink can be made. Bleed once or twice in two or three days after the drink is taken. If the sign be high, put in the same quantity of powders as above (in the drink); if low, not quite so much. Half of this draught is considered necessary for a child seven years old. If the wound be bad, apply a clove of garlick." Hence, it appears to have been considered applicable even after symptoms of hydrophobia had commenced.

Gascoigne powder consists, we may add, of crabs' claws, hartshorn shavings and amber, in certain proportions.

The eminent physiologist, Dr. Burdon Sanderson, has published a letter setting forth the symptoms of rabies, which cannot be too well known.

The premonitory indications of rabies in a dog are derived almost entirely from the observation of changes in its demeanor; consequently, although they may be too trifling to be noticed by a casual observer, they are fortunately sufficiently striking to arrest the attention of any one who is about a dog, and is familiar with its habits and individual peculiarities.

A dog about to become rabid loses its natural liveliness. It mopes about as if preoccupied or apprehensive, and seeks to withdraw into dark corners. From the first, there is usually a foreshadowing of that most constant symptom of the disease—depraved appetite. Mad dogs not only devour filth and rubbish of every kind with avidity, but even their own excrement—often immediately after it has been passed. Indications of this tendency appear early, and are more than suspicious.

Along with this peculiarity of behavior, it is of equal importance to notice that an infected dog, from the first, snaps at other dogs without provocation. This snappishness in most dogs is very striking. If a dog previously known to have no such habit snap indiscriminately at the first dog it meets in the yard or street, it is probably not safe.

The late session of the Am. Medical Association was a success in every particular. So say all the medical journals, with one trivial exception.

Notes and Comments.

Therapeutical Notes.

HYDROCELE.

Monod's plan of injecting alcohol in cases of hydrocele is well known. We notice that a Dr. Surmay, a provincial practitioner, of France, has somewhat modified Dr. Monod's plan of leaving the fluid in the tunica vaginalis, and, before injecting the alcohol, he draws off the fluid, so that the alcohol which he employs, pure but weak, is in direct contact with the serous cavity, and thus produces a sufficient degree of inflammation to effect obliteration. He has found one injection insufficient, and has recourse to a second, which in general effects a cure. Out of twenty cases treated in this way he has had eighteen cures, but time alone will decide whether these will be permanent.

NEW ANTISEPTIC OINTMENT.

Professor Lister, according to the *Students' Journal and Hospital Gazette*, is at present using, with great success, an ointment composed of paraffin, 2 parts; white wax, 1 part; sweet oil of almonds, 2 parts; and boracic acid (powdered), 1 part.

The Syrian Fever.

The sad death of the historian, Buckle, at Damascus, of the two daughters of our much respected fellow citizen, President Woolsey, at Jerusalem, and others, have from time to time attracted much attention to the peculiar fever to which travelers are exposed in Palestine. A writer in the *Lancet* says that this so-called Syrian fever is a kind of severe remittent, accompanied more by gastric than enteric symptoms. It attacks travelers who have been exposed to much fatigue, to the effects of the sun, and to malaria or humidity during night encampments. It appears to be of a paludal origin, modified and aggravated by the other circumstances just mentioned. Its gravity does not depend so much on its nature as on its subjects, enfeebled by travel and exposure, and sometimes by privation.

A New Narcotic and Intoxicant.

At a meeting of the British Pharmaceutical Conference at Brighton, Mr. Keyworth brought forward a vegetable substance named koegoed (literally cow-good), an infusion of which is administered by the Hottentots to cattle, and taken by themselves, when suffering from inflammation of the bowels through drinking brackish water. This substance has been identified by Mr. E. M. Holmes as the roots and procumbent stems of *Mesembryanthemum tortuosum*, a plant belonging to the natural order Ficoideæ. Besides being used as above stated, it is chewed by the Hottentots as an intoxicating agent, and appears to possess narcotic properties which deserve further investigation.

Skunk Deodorant.

Apropos of an article on "skunk madness," which we take from the *American Journal of Science*, we note that a correspondent in Pittsburg sends to the *Druggists' Circular* the following recipe for a deodorizer of skunk perfume.

℞. Spirits of turpentine, ℥x
Alcohol, ℥ij. M.

Sprinkle on the clothing; allow to evaporate in open air. In a few days the disagreeable odor will be effectually removed. This mixture does not injure the finest fabric, and will be found also useful to take out the smell of the muskrat. We presume the disinfecting properties of the deodorizer are due to the ozone which is known to form in notable quantities when turpentine is evaporated in open air.

Sanitary Value of Iron in Soils.

The *Journal of Applied Chemistry* informs us, according to Schœnbein, many waters possess the power of decomposing peroxide of hydrogen into water and free oxygen without appropriating the latter; and, further, that this agreed with the fact that, after boiling, the water lost the power of producing this effect. It is, however, evident that this action upon peroxide of hydrogen was not produced by organic nor organized matter, but was caused by the suspended humate of iron, which, like all ozonides, is decomposed in the presence of peroxide of hydrogen (an antozonide) into protoxide of iron and water, evolving free oxygen. That this power is destroyed by boiling is due to the circumstance that the precipitated carbonate of lime carries down with it the humate of iron, and in this manner clarifies it.

This shows what an important part is performed by the oxide of iron in the soil as a purifier, by converting organic matter into humoid matter.

Dr. Sage's Catarrh Remedy.

A writer in the American *Journal of Pharmacy* says that a mixture in the following proportions very closely resembles Dr. Sage's Catarrh Remedy:—

℞.—Hydrastis canadensis,	gr. v;
Indigo,	gr. ss;
Camphoræ pulv.,	
Acidi carbolici,	āā gr. ij;
Sodii chloridi,	gr. l.

Powder the camphor by means of a drop of alcohol and mix with the salt, previously reduced to a moderately fine powder; rub the indigo and carbolic acid together, mix with the salt and camphor, and lastly add the powdered hydrastis, and mix intimately, without much pressure, in a mortar.

Amount of Bile Secreted.

Von Wittich, in *Pflüger's Archives*, details some observations on the human bile obtained from a patient with biliary fistula, caused by impaction of gallstones in the cystic duct. For a considerable time the whole of the bile was discharged through the fistula, and the total daily discharge was 18.088 fluid ounces.

Correspondence.

Cancer Cures.

Ed. Med. and Surg. Reporter:—

Enclosed find recipes for the cure of cancers. I give them to the profession in order that they may head off those cancer quacks who live upon the fears and credulity of mankind, everything coming beneath their notice classed as cancers, from a seed wart up to a bona fide cancer. It was purchased by one of their patients, from one of the most successful cancer doctors that ever visited this section of the country. And as far as I have known and seen its action, it is one of the most effectual and reliable of any recipe, to my knowledge, in print. I give them *verbatim et literatem.*

℞. Arsenic,	
Rochell salts,	
White vitrol,	
Sulphur,	āā

Mix with yolk of eggs to the consistence of batter, and put into a new earthen dish, put into a brick or stove oven, slowly bake it until it rises up higher than the top of the dish, like a well done, rich cake; let it cool and rub up fine; mix a little of the above with the yolk of an egg and apply to the cancer. Change it every two days; do not make the plaster quite as large as the cancer for it will find the whole of the cancer, let it extend ever so far.

Salve to use after the cancer is out:—

℞. Fresh butter or lard,	℔j,
Beeswax,	℥iv.
Pine turpentine,	℥vj.
Pure honey,	℥ij.
Resin,	℥iij.

Melt all together, and set off the vessel from the stove, and when partly cool add half an ounce of finely pulverized verdigrease; stir until cool. This salve is to be used first after the following, to heal the sore:—

℞. Hog's lard,	℥iv.
Beeswax,	℥ivss.

Melt together and stir until cool.
Also for cancer (a milder recipe).

℞. White vitrol,	2 parts.
Arsenic,	1 part.
Corrosive sublimate,	½ part.

Mix this powder with simple cerate. Mix well and apply a little of this to the cancer every day, until it is out, and heal it with the healing salve. Also a syrup made from the following ingredients:—Sassafras, guaiac wood, mandrake, yellow dock, blue flag, Turkey pea, stillingra, and toad plantin.

N.B.—I don't take any stock in the syrup; it is given only to amuse the patient.

By the addition of q. s. of morphine it deprives the plaster of that excessive pain attending its use.

I hope physicians will try the above recipes and save their patients the trouble of going to Rome, N. Y., and other cancer doctors. And if their patients will have their warts, cancers, etc. (or whatever else they have), *eat out*, let the regular profession do it. Yours,

Thos. E. Wakefield, M.D.

Unstopping a Deaf Ear.

Ed. Med. and Surg. Reporter:—

June 3d, 1874. C. G. B., aged sixty, complained of sudden deafness with the right ear, accompanied with a feeling of pressure on that side of the head, roaring and buzzing noise, etc. Examination of the meatus auditorius with speculum, revealed a dark mass at or near the tympanum. Ordered injected into the meatus, with a fountain syringe, small nozzle, nitrate potassæ, grs. x in aqua, 98 Fahr., one quart; in the evening to have dropped in the ear gtts. iv of the following:—

℞. Glycerine,	℥j.
Acid carbolic,	gtts ij. M.

And a pellet of wool to be kept in the ear. This treatment was repeated once each day, to the 8th inst., at which time the injection brought away a large quantity of inspissated cerumen, with immediate relief of pressure, noises, and restoration of hearing. Chas. G. Bacon.

Fulton, N. Y.

News and Miscellany.

To Correspondents.

Owing to circumstances entirely beyond the control of the Editor, much delay has occurred in all the departments of the Reporter; a short time will enable us to have matters working harmoniously again.

The University of Pennsylvania.

The annual announcement of the course of studies, etc., to be pursued at this Institution during the coming session of 1874–75 has been made. After speaking of the many opportunities offered by the Wistar and Horner Museum, with which the College is connected, as also of those offered by the cabinet of the Professor of the Practice and Theory of Medicine, the circular goes on to say that "before the opening of the winter course of lectures for 1874–75 the University Hospital will be in full operation An elegant, commodious edifice, constructed according to the best established principles of hospital architecture, provided with all the appliances pertaining to such institutions of the first class, and adjacent to the new Medical Hall, this hospital will form an integral portion of the Medical Department. Attendance on the clinical lectures delivered in its amphitheatre and its wards will form a part of the daily privileges of the students, and ample opportunities will be afforded to the more advanced among them to gain a personal and practical acquaintance with clinical medicine, surgery, obstetrics and specialties. These subjects will be taught by the several clinical professors in the University and by the professors and lecturers at the hospital."

Jefferson Medical College.

The fiftieth annual circular of this Institution states that the class of last session numbered 473 matriculates, the largest assembled in Philadelphia since the war, and representing all portions of the United States, as well as England, Scotland, Canada, New Brunswick, Nova Scotia, Germany, Russia, Cuba, Porto Rico, Mexico and India.

The graduating class of 1874 numbered 154, and the whole number of graduates to date is 6352.

The course of lectures preliminary to the course of 1874–75 will open on Monday, September 7th. During this course lectures, clinical and didactic, will be given in the mornings, leaving the afternoons for dissecting. Prizes for superiority in certain studies are offered.

The Presbyterian Hospital of Philadelphia.

The third annual report of this Institution states that during the past year 371 patients have been admitted to the hospital, of whom 251 were males and 120 females. Of those under treatment, 182 were discharged cured, 121 improved, 43 not improved, and 31 have died. The percentage of deaths was 12.

Of the patients treated, 50 per cent. were Americans, 41 per cent. natives of Great Britain, 7 per cent. natives of Germany, and the remainder natives of various European countries.

The Hospital is situated at the corner of Thirty-ninth street and Powelton avenue, occupying about three acres of ground. Arrangements are being made for the endowment of free beds, so that a greater number of destitute persons may receive medical treatment at the Institution.

State Board of Health of Massachusetts.

To the Medical and other Correspondents of the State Board of Health:—

It is the painful duty of the Chairman of the State Board of Health to announce the death of the Secretary of the Board, Dr. George Derby.

The Board have appointed Dr. F. W. Draper, temporary Secretary, to perform the duties of the office until a permanent Secretary is chosen. All parcels or letters may, for the present, be directed as heretofore, to 102 Charles street, or to 36 Worcester street, Boston, the residence of Dr. Draper. Henry I. Bowditch, M.D.,

Chairman of the State Board of Health.

Boston, June 25, 1874.

A Patron Saint for Physicians.

In M. le Duchat's *Vie de Rabelais*, the following anecdote is told of him:—Kneeling one day in front of a statue of Charles VIII, in a church at Mézières (I think it was), a monk, thinking that Rabelais mistook the figure for a statue of a saint, went to him to apprise him of his error. "I am not so much of a blockhead as thou thinkest me," replied Rabelais; "nor yet so blind as not to know that I am kneeling before the statue of King Charles VIII, for whose soul I am praying, *because he brought the pox out of Naples* into France, by which I and other physicians have been great gainers!"

Intemperate Temperance.

During the late temperance excitement at Worcester, Mass., the use of wine at the communion table was condemned, several women speaking of incidents coming under their own observation of its unfortunate effect upon reformed inebriates A pledge of clergymen against this was suggested.

—Dear Dr.—Would it not be well to caution your readers against a person going around, who likes to write his messages at the *office table*, and who before leaving lays hold of gold pens and such valuables as he can find in any place that he can investigate? Very Respectfully,

T. B.

Personal.

—Drs. Richard J. Levis and Daniel G. Brinton, of Philadelphia, left for Europe in the American Steamship Indiana, on the 22d ult. Dr. Chas. S. Turnbull sailed in the Pennsylvania on the 2d inst.

OBITUARY.

THE LATE DR. GEORGE MENDENHALL.

The family and the many friends of Dr. Mendenhall had long ago made up their minds that the late lingering illness would be his last. He had always worked hard; and this it was that pulled him down in the midst of his great usefulness, gave him the stroke of paralysis from which he suffered, and caused the softening of the brain, the immediate cause of his death.

George Mendenhall was born in Chester County Pa., in the year 1817, of Quaker parents, and he bore the traces of his origin in his face and manner, and carried out the teachings of the Society of Friends in his correct life.

He received his early medical education in the medical department of the University of Pennsylvania, at Philadelphia. Thence he immigrated to Cleveland, but the climate of that city, always dangerous for those of a consumptive nature, drove him to Cincinnati. This was about the year 1842. In conjunction with the father of Dr. W. H. Mussey, Dr. Mendenhall started the Miami Medical College of Cincinnati, in which he was Dean, and Professor of Obstetrics and the Diseases of Women and Children. As is known, this institution succumbed to the effects of the war, and was closed. Dr. Mendenhall then identified himself with the Sanitary Commission of this city, and, as usual with him, worked hard. At the close of the war he assisted in reviving the Miami College, and occupied the same position in it as in the old one, and was connected with the institution as long as his health allowed.

In the year 1870 he was elected President of the American Medical Association, at its session in New Orleans. He was also a prominent member of various State and local medical societies. Some years ago he published a *Vade Mecum* for medical students, which obtained an inter-State reputation and passed through several editions. It is still a popular handbook among the class for which it was especially designed. He was an associate editor of the Lancet and Observer, to which and to other medical magazines he contributed largely and ably.

In the summer of 1872 Dr. Mendenhall visited Europe for his health, but was not idle even there.

When the American Commission to the Vienna Exposition was being reorganized, after the disgraceful disclosure of the transactions of some of its first members, Dr. Mendenhall, being one of the prominent Americans then in Europe, was appointed a Commissioner. It is said that the hard work and mental anxiety that he then endured hastened his death. He was obliged to leave Vienna, and almost immediately returned home. Since that time he has been a confirmed invalid, scarcely able to walk without assistance. He died at his residence, southwest corner of Eighth and Race streets.

Mrs. Mendenhall survives her husband, and he leaves behind, also, two grown up sons and one daughter, the wife of Larz Anderson, Jr.

MARRIAGES.

Bleything—Bulfinch.—At St. John's Church, Savannah, Ga., May 27, Dr. George D. Bleything, of New York, and Marie H., daughter of late Rev. S. G. Bulfinch, D. D., of Cambridge, Mass.

Bowne — Williams. — At the residence of the bride's parents, by the Rev. B. S. Everitt, Dr. Edward H. Bowne, of Hightstown, and Carrie Etta Williams, of Jamesburg, N. J.

Bramlette—Adams.—At the Louisville Hotel, Louisville, Ky., June 3d, by the Rev. M. B. Wharton, Thomas E. Bramlette, ex-Governor of Kentucky, and Mrs. Mary J. Adams, daughter of Dr. C. C. Graham, all of Louisville.

Donaldson—Hopkins.—In Salem, Vt., May 20th, by Rev. James Hay, William A Donaldson, M. D., of West Burke, and Mary L. Hopkins of Salem.

Goodman—Mifflin —Thursday, May 28th, at the residence of the bride's parents, this city, by the Rev. William Greenough, Mr. E. Ellerslie Goodman, M. D., of Mill-Creek, Pa., and Miss Mary Mifflin.

Harrison--Page.--On Wednesday evening, June 3, 1874, at St. Stephen's Church, by the Rev. William Rudder, D. D., Henry Huntington Harrison, of Sussex county, Va., and Margaret Burd, youngest daughter of Dr. William Burd Page, of this city.

Hyatt—Young.—On Wednesday, June 3, 1874, at the residence of the bride's parents, New Brunswick, N. J., by the Rev. Alfred Stubbs, D. D., Edgar S. Hyatt and Annie F. daughter of E. B. Young, M. D.

Stevens—Gwyneth.—On Thursday, the 28th ult., at the house of William O. H. Gwyneth, Vineland, N. J., by the Rev. E. R. Beadle, D. D., A. H. Stevens, M. D., and Ara C. Gwyneth, all of Philadelphia.

West—Wiltbank.—On the evening of the 10th ult., by the Rev. W. H. Graff, Mr. Julius S. West and Annie R., daughter of the late John Wiltbank, M. D., of this city.

Zeigler-Merrill.-In Barton Landing, Vt., May 21st, by Rev. E. W. Culver, I. G. Zeigler, M. D., of Braidwood, Illinois, and Anna L. Merrill, of Barton Landing.

Hart—Fellger.—On Wednesday, June 3, 1874, by the Right Rev. James F. Wood, D. D., Mr. Charles Hart and Miss Louise Fellger, daughter of Dr. Adolphus Fellger, both of this city.

DEATHS.

Berry.—In Cambridgeport, Mass., May 4th, Carrie F., wife of Horace Berry, M D., and daughter of John B. Peckett, Esq., of Bradford, Vt., aged 20 years.

Comstock.—At New Canaan, Conn., May 27, Lizzie, wife of A. Comstock, M.D.

Davis.—At Marlborough, N. Y., on Friday, May 29, Henry Ellsworth Davis, M.D.,

Goodwillie.—On Wednesday morning, June 3, David, youngest son, of Dr. D. H. and A. E. Goodwillie, aged 1 year and 4 months.

Heath.—In Groton, May 18th, of palsy, Dr. S. Heath.

Harrington.—In Halifax, May 12th, Zina E., only son of Dr. J. L., and Kate Harrington, aged 1 year and 8 months.

Johnson.—On the 10th inst., Dr. John Johnson, aged 40 years.

Mendenhall.—Thursday evening, 4th ult., of paralysis, George Mendenhall, M.D., in the 61st year of his age.

Robinson.—In Brookline, Mass., May 7th, very suddenly, Willie J., only child of Dr. W. S. and Annie E. Robinson, formerly of Felchville, Vt., aged 2 years and 7 days. "Of such is the kingdom of heaven."

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Communications.

NOTES FROM OPHTHALMIC PRACTICE.

BY A. SCHAPRINGER, M. D.,

Of Milwaukee, Wis.

Mydriasis of the Right Eye—Persistent Pupillary Membrane of the Left Eye.

Minnie Schmidt, æt. thirteen years, of 910 Racine street, Milwaukee, Wis., casually attracted my attention on May 26th, 1874, when she accompanied her father, who came to consult me about his own eyes. The iris of her right eye is reduced to a rim having about 1½ mm. in breadth everywhere except at its upper portion, where it is almost reduced to nothing, and only a very narrow band can be detected when the ball is directed upward. The larger iris-circle is brown, and looks normal, except being very narrow; the sphincter seems to be wanting entirely; in its place, the iris all at once becomes very thin, slate-colored, and on close examination appears slightly fringy, especially at its upper part, the axis of the fringes running parallel with the pupillary margin. On illuminating the mydriatic pupil with the ophthalmoscope, several punctate and very small linear opacities can be made out, situated in the anterior capsule or in the layers of the lens next to this membrane. The background is normal.

The visual power of this eye being tried with Snellen's test types, it was found to be about $\frac{20}{50}$. The girl is not a proficient reader, and is not well developed, either mentally or physically; she looks like a girl ten years old. Her range of accommodation is normal, but the size of the diaphragm does not show the slightest change, either on the influence of light or on accommodatory efforts, this being a *demonstratio ad oculos* for me, who had never met with a similar case before, that the sphincter iridis has no influence whatever on accommodation. Notwithstanding the extraordinary size of the pupil, the eyeball is not more sensitive to bright light than a healthy eye.

The iris of the left eye does not show any deviation from the normal standard except a small protrusion, the size of a millet seed, taking its origin from the lower part of the free pupillary margin and projecting into the pupillary area. It is not adherent to the lens, as can be readily made out when the pupil is set moving by alternately covering and uncovering it with the hand. A more striking feature of this eye is a brown, disk-shaped membrane, having a diameter of about 3 mm., apparently composed of a net-work of very fine trabeculæ, being thinner in the middle and presenting a fringy circumference, occupying the centre of the anterior capsule of the lens. A careful search does not reveal the slighest connection between this membrane and the iris. The acuteness of vision in this eye is about $\frac{20}{70}$, somewhat less than its fellow. This figure is lessened considerably when bright light strikes the eye, because then the pupil contracts and permits no rays through parts unobstructed by the pupillary membrane. A few very small pearly dots are seen scattered in a plane somewhat behind the abnormal membrane.

Examination with the ophthalmoscope is only possible when atropine is used in order to dilate the pupil; the fundus was then found healthy.

The father of the girl calls the difficulty with

the left eye a "cataract," and says that the girl had a similar "cataract" in her right eye, but was cured by an old woman. It is possible that a pupillary membrane had persisted after birth in this eye too, and has since undergone absorption, leaving only a few dot-like opacities which I have mentioned above. I intend to watch the left eye, in order to detect any changes going on in the pupillary membrane.

The above case is sufficiently rare to justify its publication; I am not aware that a similar one has been reported in this country.

A Case of Compound Myopio Astigmatism, of Low Degree, Mistaken for Myopia, of Moderate Degree.

Mr. Henry S——, aged 19, a student at a Theological Seminary, consulted me June 1, 1874. He cannot see well at a distance. When reading he must hold his book as near as 6″ to his eyes, which tire very soon. A pair of glasses which he obtained at an optician's a short time ago, enabled him to see distinctly, as well as to hold his book several inches further off, but they strain his eyes and are the cause of headache, of which he now complains as having become constant. An oculist whom he had consulted since, pronounced the glasses to be the right number. They have a negative focal distance of 10″ and he wears them all the time. Upon examination I found the conjunctiva palpebrarum of both eyes injected and the transition folds swollen and rough.

His vision at distance was improved to nearly normal by concave No. 11, but as his range of accommodation did not correspond to M $\frac{1}{11}$ I proceeded to an ophthalmoscopic investigation of the state of refraction, which revealed to me, at once, that the dioptric apparatus of both sides were astigmatic. With the use of trial glasses I made out M $\frac{1}{30}$ + Am $\frac{1}{12}$ on the right side, and M $\frac{1}{12}$ + Am $\frac{1}{20}$ on the left, the astigmatism being due to an excess of refraction in the vertical meridian.

The fact that patients can see nearly perfectly at a distance is explained by the dispersion circles on the retina being lessened to a minimum by the contraction of the pupil, this being an associated movement to the contraction necessitated by the concave lens, on the ciliary muscle.

This case shows very forcibly that it is wrong to give a patient a concave glass to wear merely because it improves his sight at distance, neglecting to collect further evidences of his being myopic in the corresponding degree.

AMMONIA, AND ITS THERAPEUTICAL APPLICATION.

BY P. J. FARNSWORTH, M. D.
Of Clinton, Iowa.

Read before the American Medical Association, at Detroit, June 3 l, 1874.

The union of the two well known and abundant gases, hydrogen and nitrogen, forms the singular compound called ammonia, a pungent gas, differing from either of its constituents, easy of liquefaction, and readily soluble, acting the part of a base or element in the formation of salts. It belongs to the alkaline group, and, to all intents, is an alkaline radical. Its chemical composition is, by volume, three parts of hydrogen and one of nitrogen, its symbol, NH^3. It is a natural product, the gases uniting in their nascent state, either as the result of volcanic action or through the decomposition of animal substances containing nitrogen. As a medicine it is mentioned by the earliest historians. Galen speaks of it as a remedy derived from some older author, for catarrhal diseases, used in the form of inhalations from burning hartshorn. Muriate of ammonia, or more properly ammonia chloride was used for various diseases in the thirteenth century by Raymond Lully, and by Basil Valentine in the fifteenth. The gas was isolated by Bergman in 1782, and named by him ammonia.

A recent writer, Dr. Beigil, of London, says: "Ammonia is one of the few medicaments which have been in great favor with physicians from the earliest period of medical history up to the present time."

It is present in small quantities in healthy blood. In larger quantities it becomes foreign or hurtful, and is eliminated from the system by the lungs. Of the other alkalies, potassa and soda, potassa, above the healthful amount, dissolves the tissues, and is eliminated mainly by the kidneys. Soda is milder in its action, and enters into combinations that are principally eliminated by the bowels.

The alkalies perform a very necessary and useful part in the economy, both by acting as solvents and by maintaining the fluidity of the blood, and also by uniting with the acids that, both by direct introduction and by dissociation, are present in the system.

Soda and potassa may, to a certain extent, be interchanged in the animal economy; they can neither of them take the place of ammonia. Ammonia may neutralize the acids of the stomach, and maintain the fluidity of the blood, but it does not remain long enough in the system to reach the bowels or kidneys.

The nitrogenous salts of the urine in contact with water and a ferment are readily changed into ammonia and ammoniacal salts. These are not normal products, but always the result of decomposition. If urea accumulates in the system to a dangerous extent, and is thrown upon other tissues for elimination, rather than the appropriate one, ammonia is formed, and it is then reabsorbed and excreted by the lungs.

Dr. Bence Jones states, as the results of his experiments, that "the exhibition of ammonia may neutralize acidity of the stomach, but is not followed by alkalinity of the urine." Ammonia, in excess, in the circulation, passes by cutaneous exhalations. Thus in low fevers, or in cases of uremic poisoning, we recognize the ammoniacal odor in the perspiration and in the breath.

In healthy states the ammonia is neutralized by the acid of the perspiration and that of the lungs. (Pneumic acid is one of the products of the lung secretions). Ammonia, in its combinations with acids, is more easily separated in the presence of carbonic acid than are the other alkalies, so that when brought to the lungs it takes it up there by choice. Marshall Hall has shown by his experiments that "ammonia, by its property of neutralizing carbonic acid, is able to prolong animal life." He concludes, therefore, that "ammonia may be applied where carbonic acid is produced in a limited space, and is particularly apt to render good service in cases of secondary apnœa after incomplete suffocation." The excess of carbonic acid in the system unites with ammonia and is discharged by the lungs. This is confirmed by numerous observations. It also liquefies the secretions of the lungs and brings a larger amount of blood in contact with the air, thus increasing the rapidity of the circulation and producing more complete oxydation. It acts as an oxydizer. "Ammonia," says Pereira, "acts as a diffusible stimulant, excitant or califacient. It produces a sense of warmth in the mouth, throat and epigastrium. A temporary excitement of the vascular system succeeds, but this quickly subsides. The heat of the skin is sometimes increased, and there is a tendency to sweating." But the skin is not the only organ stimulated to increased exertion. We observe the kidneys produce more urine, and the quantity of the bronchial mucus is increased. The nervous system is also affected, and the activity of its functions heightened. "*Ammonia does not render the urine alkaline.* The exaltation of nervous action therefore must account for the increase of urine.

Pereira further says: "Compared with other stimulants, as camphor, wine, or opium, we observe, in the first place, the influence of ammonia is principally manifested in the ganglionic and true spinal system, while the other stimulants above mentioned affect the cerebral system. Thus the effects of ammonia are usually exhibited on the circulation, respiration, secretion and spasmodic actions; but camphor and opium, though they also affect these functions, yet they principally affect the intellectual functions." Ammonia is adapted for specially rousing the action of the vascular and respiratory systems. According to the researches of Dr. B. W. Richardson, the existence of free ammonia in small quantities, in healthy blood, is the chief or only cause of its alkaline reaction. To the escape of this volatile alkali, after the blood is drawn, and the consequent liberation of the fibrin, which is held in solution, Dr. Richardson ascribes the coagulation of the blood. This has been disproved by later experiments, but it has been shown that a large amount of carbonate of ammonia is respired daily, proving that it does exist in the blood in some form. Its action on healthy blood, out of the body, is not to prevent coagulation, but to disintegrate the corpuscles.

In the stomach and in the blood, medicines undergo a change or dissociation, so that they are of a uniform character if they are retained in the system, or are of a constant type if excreted by any organ that depurates the blood. Ammonia undergoes a change in the system. In whatever form it enters it exists in the circulation like the other alkalies, in the form of a carbonate, and is excreted as a single or double carbonate.

Medicines, in chemical combinations, differ more in their appearance and the manner of being received by the system than in their specific action on the system. Caustic ammonia irritates the mucous membrane, and does not find a ready entrance into the blood; add to it

one or two measures of carbon, and it is mild to the surface, and is taken up or excreted without difficulty. Ammonia is a simple stimulant, and also a stimulant expectorant, exciting the tissues over which it passes, and increasing the secretions of the tissues with which it comes in contact. It absorbs the carbon from the blood and removes the obstructions from the mucous surface of the lungs, allowing a free aeration of the blood. It is owing to the presence of ammonia in dry, pure air that respiration is carried on so easily. In rainy and damp weather the ammonia is absorbed and falls to the earth; hence respiration is difficult, not so much on account of watery vapor, but because the ammonia is absent. Many have noticed the exhilarating air during a dry snow storm. This is owing to the large amount of ammonia brought down by the snow, as is shown by melting it when newly fallen. Ammonia is one of the best expectorants we possess. It may be used in all stages of disease. Its effects are transient, and in bronchial obstruction or inflammation it may be applied even though hyperæmia be present. It is still more beneficial when anæmia or low states of the system exist, as it then stimulates generally and also removes the obstructions from the lungs. It enters the circulation, is carried to the lungs, and is there eliminated. It unites with the carbonic acid, neutralizes the acid present in the lungs, and stimulates the secretions. Its prime effects are over the mucous membrane of the bronchiæ. In diseases affecting the substance of the lungs it does not exert so much influence, especially in the early stages; but when resolution or softening takes place then its expectorant properties may be advantageously brought into use. In bronchitis or any disease complicated with it ammonia is the great remedy. Some prefer one form, some another, according to circumstances or habit. Aqua ammonia is stimulant and irritating to the tissues, as well as expectorant. The carbonate is mild and easy of assimilation. United with acetic acid it is more diaphoretic in its action. By its classification as a diffusible stimulant it has, in many cases, been misapplied. In low forms of fever, where the circulation is already alkaline, and ammonia is being formed by decomposition, its application must be prejudicial. If applied, however, in any low form of disease before dissolution commences, ammonia may be of the highest utility, by freeing the bronchiæ from the obstructions that hinder free respiration, and by its eliminative properties discharging volatile poisons from the system. Alcohol in the system passes out with the expired air. When the kidneys and sudorific glands are overburdened and obstructed the lungs do increased duty. Nothing so hastens the elimination of the poison as frequent doses of ammonia.

It has been used from the earliest times as a stimulant of the respiratory and cardiac nerves, in cases of syncope—used by inhalation. In a case where respiration was suspended during the administration of chloroform, I injected three drops of aqua ammonia, diluted with water, into the subcutaneous tissue of the arm. The patient rallied at once, and complete recovery took place. In a case of bronchitis, in a debilitated patient, an opiate had been incautiously given; the secretions were suspended and asphyxia seemed imminent; five drops of aqua ammonia, diluted with a drachm of water, was injected under the skin. The effect was immediate. The circulation was aroused; a large quantity of mucus was discharged from the lungs, and the arterial color of the circulation restored. The patient recovered under the continued administration of carbonate of ammonia and alcoholic stimulants. In two other cases of bronchial obstruction I have used endermic injections of ammonia with marked success.

I was called, at four o'clock in the morning, to see a man who was laboring under symptoms of opium poisoning. I found, upon inquiry, that he had taken somewhat over an ounce of tr. opii. at 10 P. M., by mistake for port wine. Extremities were cold, respirations from four to six per minute, pulse full, lips livid; was unable to rouse him to consciousness. Injected into his arm three drops of aqua ammonia. It increased the respirations and improved the color of the circulation. A second injection was given, other means of resuscitation were used, and the patient gradually recovered.

In a case of shock, from railroad injuries, with the pulse hardly perceptible, the stomach would retain nothing. Inhalations of chloroform were alternated with that of ammonia. The patient very soon came under the anæsthetic, and the crushed leg was removed. Reaction occurred very soon, and the patient made a good recovery. In the catarrhal bronchitis of children, I have used inhalations of ammonia with good results. I have also tried, with bet-

ter results, Dr. Beigil's plan of inhaling ammonia chloride, in the nascent state, which will be described further on.

An observer reports to the French Academy, January 15, 1874 some effects of the subcutaneous injection of ammoniacal urine on animals, producing a train of symptoms, according to his observations, like uremic poisoning. He finally produced the same symptoms by injecting healthy urine mixed with carbonate of ammonia. I have not been able to produce such results, and doubt the correctness of the inference. Animals suffer some uneasiness and sometimes tetanic symptoms, from the ingestion or injection of carbonate of ammonia, and the addition of urine does not alter the result.

In my hands ammonia is the most reliable remedy in the diseases of children. Most, if not all, of their lung complaints are of a catarrhal or bronchial character, in which I use emetics of a milder kind, such as ipecacuanha or zinc I also use veratrum viride, with outward applications, and carbonate of ammonia. Dr. Buchanan, in his Lettsomian lectures, says. "Next to emetics, the remedy in which I place most confidence is carbonate of ammonia. I am satisfied that it loosens the contents of the bronchiæ, and assists greatly expectoration, for which we advocate the use of emetics. I give the bicarbonate of ammonia (formed by exposing the ordinary sesque carbonate in powder to the air, until it has lost its pungency) in preference to the mono carbonate. Small children can easily take one or two grains every three or four hours. Ammonia has also appeared to me the best addition to be made to ipecacuanha powders when an emetic is given in the case of asphyxiating disease, to which I have referred. The action of ammonia on the bronchiæ is not accurately ascertained; not improbably, it is upon the muscular and secreting elements alike. We know that it copiously increases the secretions from the skin."

He is in doubt concerning its effects, by not observing that it is principally excreted by the lungs. I use the bi-carbonate in preference to any other form for adults and for children, for the same reason he adduces, ease of administration, relying on the dissociating power of the system. I use the veratrum viride to subdue the fever by decreasing the heart's action; the emetics, in nauseating doses, to relax the capillaries. and the ammonia to stimulate the lung tissues, dissolve the mucus and give it a "fillip," as Dr. Watson says, that relieves the breathing.

Every one is aware with what extreme caution opiates must be used in all diseases of children, and how entirely interdicted they are in diseases of the lungs. drying up the secretions of the bronchiæ. and producing asphyxia by preventing the aeration of the blood. This is also true in the bronchial diseases of adults. With due caution opiates may be given to children, in combination with ammonia. with most excellent results. Instead of ipecac I often combine the powder of ipecac et opii co. with ammonia. In other diseases of children where opium is indicated its dangers may be obviated by a similar combination. Simple diarrhœa and cholera infantum will yield to carbonate of ammonia and opiates more readily than to other remedies, the ammonia acting in the stomach as an antacid and at the same time keeping up the secretion from the lungs. Dr. Stierlin considers carbonate of ammonia almost a specific in the catarrhal pneumonia of nurslings. He treated about one hundred and fifty cases, of which he has lost only seven, five of them having been seen for the first time after extensive atelectasis had been formed and the disease far advanced. He considers ammonia indicated whenever a young child is seized with catarrhal pneumonia, either after measles or bronchitis. If the patient is less than eight months old or feeble the ammonia is given from the first and alone, employing sinapisms also. But where the children are stronger or older he gives them first an emetic, wraps them in a wet sheet, and applies ice over the chest. giving the carbonate of ammonia on the second or third day. This is followed immediately by a great alleviation of the symptoms and a decrease of the fever. The action of the ammonia is in all such cases most remarkable, almost magical, and no preparation seems so useful as the carbonate, of which twenty grains may be dissolved in two ounces of water and given in spoonful doses every hour at first, subsequently every two hours. Older children, of course, to have a larger dose than the younger ones.

In the catarrhal stages of measles, and even during the whole course of the disease, nothing affords so much relief as carbonate of ammonia and Dover's powder; ipecac is substituted if the patient is very young. The same remedies are valuable in varioloid, also in the later stages of scarlatina, also in erysipelas. In adult cases

the chloride of ammonia acts still better, and with children is preferable in scarlatina. Dr. Patton, of Vincennes, Indiana, reports to the *American Journal of Medical Sciences* for October, 1870, three hundred and nine cases of pneumonitis, severe and well marked, treated by himself and others with carbonate of ammonia, of which only eight died, or one in thirty-eight. He gives five to ten grains every two hours, night and day, from the commencement of the attack; in some cases blisters and quinine were employed. In similar cases I have adopted the treatment, with the addition of from two to five drops of sat. tr. of verat vir. every three hours, during the febrile stages of the disease. Much was said a few years ago in regard to a cure for whooping cough by taking the patients to the gas works and letting them inhale the vapors there. It produces good results, but is owing to the free ammonia in the air. It may be less inconveniently applied by diffusing the gas through a room at home. Whooping cough is a self-limited disease, that may be alleviated by ammoniacal vapor, but yields more readily to antispasmodics and nerve sedatives, so-called, bromides and chloral. In this connection I may mention that better results are obtained from ammonia bromide than from pot. bromide.

Ammonia acetas is another form of administering ammonia, and may be used where a more diaphoretic action is sought. Under the name of spr. mindererus it was extensively employed by the older physicians. A separate consideration of the medical properties of ammonium chloride is necessary, as it probably owes its virtues to chlorine as much as to ammonia Chloride of ammonia is composed of one eq. of ammonia and one of chlorine ($N H^4 Cl$). It is one of the earliest known and applied forms of ammonia, familiarly termed sal. ammonia, or more frequently muriate of ammonia. Its chlorine gives it alterative properties and modifies its expectorant qualities. It is partially decomposed, in the system, into ammonia, which unites with carbonic acid and chlorine, which forms hydrochloric acid. It is partly discharged in its combined state by the lungs, the skin and the bowels. It increases the amount of urea in the urine.

Chlorine, like iodine and bromine, is an alterative, or cataytic, as Heidland terms it. He says of these substances, "All have the power, when taken in sufficient quantity, of diminishing the fibrine in the blood, and causing wasting of the tissues. The expectorant effect of the combination is greater than that of the ammonia alone, with less of its stimulant properties."

Ammonia chloride also stimulates the secretions of the liver, and of the mucous surfaces generally, and has a sedative action on the nervous system. Sundelin, who wrote a long time ago, says of it: "It exerts a sedative influence on the system, diminishing the plasticity of the blood, and promotes glandular secretion, and the absorption of fibrinous exudation."

The more recent investigations of Boeker tend to support this theory. He has shown that during the use of the salt the proportion of urea excreted is augmented, the stools become soft and largely mixed with mucus; that it increases the secretions of all the mucous membrane, and, slightly that of the skin. From repeated trials I am convinced that there is no medicine in the materia medica that exerts so beneficial an effect in chronic, catarrhal and bronchial affections. In all cases partaking of this character, where there is a deficiency of the secretions, doses of from one to ten grains give the greatest relief. Other remedies are, of course, not to be neglected, in connection with nauseants or depressants in the acute stages, and combined with tonics and stimulants in the later stages. In *simple* pneumonia I prefer the carbonate, but, if *complicated*, I combine the muriate and carbonate.

Dr. H. C. Wood, Jr., in speaking of it, says: "In obstinate, acute bronchitis, after the first intense stages, in catarrhal pneumonia, both of children and adults, in bronchorrhœa and in ordinary chronic bronchitis, I have obtained more apparent good from the use of muriate of ammonia than any other remedy; of course other secondary means are to be vigorously used; counter-irritants, poultices, support or diminution of food supply, etc., as the case may call for." He gives a formula for its administration: ten grain doses to an adult, and five to a child, every three hours.

In a common cold there is usually coryza and bronchial inflammation; a mixture of muriate of ammonia and an opiate will relieve it in a few doses.

Inhalation of muriate of ammonia has been found beneficial in asthma and bronchitis. An apparatus has been contrived for inhaling the

gas, when just formed. A bottle containing muriatic acid is connected with a bottle having a tube and mouth-piece; a third bottle is connected with this, containing aqua ammonia. Drawing on the mouth-piece brings the gases from each bottle, which unite in the tube and reach the circulation through the air-passages. Very decidedly beneficial and very speedy relief is afforded. It is to the disease what the endermic injection of morphine is to an acute pain. This method of application has been tried with success in aphonia from cold, or from catarrhal affections. Nasal catarrh is benefited by this apparatus. The application of muriate of ammonia to nervous diseases is of very early origin. Galen used it for that purpose. Numerous eminent authorities may be cited to prove its usefulness. Sir Thomas Watson, in his work on practice, speaks of its good effect in facial neuralgia. Dr. Anstie, in the *Practitioner* (December, 1868), says, "Muriate of ammonia is one of those common-place and unattractive substances which we, in this country, are little apt to credit with extensive remedial properties in disease." He then specifies the diseases to which it is applicable. "Myalgia is speedily amenable to the muriate of ammonia in doses of from ten to twenty grains. Various neuralgias are speedily cured, such as migraine, and clavus hystericus, and facial neuralgia. In intercostal neuralgia, especially in that form met with in nursing women, or in phthisical patients, the remedy is of great value, frequently relieving the patient in half an hour. It may be used with advantage in the milder varieties of sciatica, which occurs in young and debilitated patients, and in that somewhat obscure form of neuralgia termed hepatic." The writer expressed his conviction that muriate of ammonia is the most powerful of all functional restoratives of suspended secretions. He especially recommends it in those cases where the disease is produced by severe and exhausting mental excitement. He mentions several instances in which two or three doses of twenty grains have caused a marked recommencement of suspended biliary secretions. The doctor gives as a theory of the action of the medicine in these diseases that "it is a pure tonic stimulant to sensitive vaso-motor nerves." I think in these cases it is the *stimulant* properties of the ammonia and the *alterative* properties of the chlorine which effect the good results. In its mitigation and control of nervous diseases it resembles the sedative action of bromine; in its influence over the secretions it resembles iodine. I would place chlorine between them. Ammonia acts as an adjuvant, as it does with iodine and bromine.

Dr. Cholmondeley followed Dr. Anstie (*Practitioner*, December, 1868), with a paper confirming, from an experience of fifteen years, the good effects of muriate of ammonia. He has been in the habit of using it successfully in neuralgias of the fifth pair of nerves. facial neuralgia and hemicrania; nervous headaches, such as occur in some patients after violent emotions, or strain of the nervous system; in sciatica and lumbago, and in the painful sequels of rheumatic fever. He further states it to be a powful emenagogue in amenorrhœa. In cases of nervous and delicate girls and women it may be advantageously combined with perchloride of iron. It is also beneficial in cases of dysmenorrhœa occurring in nervous or rheumatic patients, and in the various ailments that accompany the change of life in women. He gives the medicine in doses of from ten to twenty grains.

Chloride of ammonia has been long used by the German physicians as a substitute for mercury in diseases of the liver. If it were only an inert medicine, as many suppose, it would be well to give it in many of the supposed diseases of that much-abused organ, to the relief of the more-abused and over-used medicine, mercury chloride. It is not, however, an inert medicine, but a decided and powerful excitant of the secretions of the liver. It is alterative and resolvent; according to the old writers, catalytic, sedative and eliminative; according to Headland, a nerve sedative, a stimulant to the secretions and an eliminative medicine.

The consideration of chloride of ammonia leads me to a further notice of chlorine. United with other alkalies, chlorine forms compounds difficult of dissociation in the system. Chloride of sodium, chloride of potassium and chlorate of potassa appear in their compound form in the secretions and excretions. Chlorine separates too readily from the looser compounds, chlorinated lime and soda, and comes in contact with the tissues in an irritating form, just as the kindred elements, iodine and bromine would, uncompounded with their alkalies.

Headland says: "The compounds of bromine and chlorine resemble in their action those of iodine. All have the power, when taken in sufficient quantities, of diminishing the fibrin of

the blood and causing wasting of the tissues. This action is more apparent in the case of iodine." Later experience with the bromides show that they are more largely nerve sedatives than resolvents. Chlorine has *sedative* properties not so marked as that of bromine; *resolvent* properties, but not of so general a nature as that of iodine. Headland also remarks: "It is said that scrofula and consumption are unknown among the workmen in bleaching factories where chlorine is being constantly inhaled. Thus, it has been strongly recommended, that diluted chlorine should be inhaled by consumptives."

The union of chlorine with deleterious emanations may make the atmosphere of the bleaching factories healthier, and thus, in various ways, prevent consumption.

Chloride of barium has been much extolled as a remedy for scrofula. Introduced into practice by Dr. Crawford, in 1789, and since administered by Huffland, Priond and Baudeloque, Headland remarks, "Supposing its efficacy granted, it is a question whether it is to be attributed to the barium or to the chlorine. I confess that I incline to the *latter*. Dr. Budd found muriate of ammonia useful in scrofulous diseases of the liver.

In an extensive epidemic of jaundice which occurred in my practice, I had excellent success with muriate of ammonia. It was in every way preferable to a mercurial treatment which was used by my neighbors. Under its influence the bowels became relaxed and the secretions from the liver were established.

In conclusion, I regard ammonia as a stimulant when taken into the system, rousing up the nervous forces, and being excreted by the lungs, stimulating the secretions of that organ and producing a slight action on the skin. It is neutralized by the alkalics, unites with carbonic acid, and in the system exists as a carbonate. It is discharged in the form of a bicarbonate, taking the carbon from the blood, and at the same time stimulating the bronchiæ to freer secretion and elimination. It is a typical expectorant, and one of the most valuable we possess. It may be used in all forms of bronchial diseases, and also in any disease complicated with bronchial obstructions, or where there is morbific matter of a volatile nature to be eliminated. From its transient character it may be used in febrile states as well as debilitated; in sthenic cases, because it removes obstructions; in asthenic states, because it stimulates the nervous system and assists elimination.

It is sometimes misapplied in low forms of disease, where decomposition is taking place, and ammonia is being generated in the system, as happens often just before death. "This is to be avoided by taking care not to confound *nervous force with vital force.* When there is a failure of *nerve force* it may be stimulated to action; *where there is a failure of vital energy no stimulant will serve to prolong life, for it cannot communicate fresh vital power.*"

The therapeutical indications for ammonia are where a transient nerve stimulant is required, as in syncope or shock; in cases of partial asphyxia from any cause; also, where we require a stimulant expectorant, in deficient or inspissid bronchial secretion, where there is insufficient force in the lungs and carbonization of the blood, and where we wish to aid in the elimination of volatile poisons.

In chloride of ammonia the indications are where we wish for expectorant and alterative properties, with less of exaltation of the nervous system, and where we require an increased action of the liver and a sedative and tonic effect on the nerves, its properties being probably due, in a great measure, to the chlorine.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Surgical Clinic of John H. Brinton, M. D., Surgeon to the Philadelphia, and to the St. Joseph's Hospitals.

REPORTED BY J. V. SHOEMAKER, M. D.

May 20th, 1874.

Urethral Stricture.—External Section.

GENTLEMEN:—I shall this morning again bring before you the patient upon whom I operated for stricture on Wednesday last. You will doubtless recall the case. His history as he now gives it to me is as follows:—

He is a German, aged twenty-nine years, and served during the Franco-Prussian war as a private in the second Uhlan regiment. In 1868 he contracted a gonorrhœa, which was readily cured. In 1870 his horse was shot in action, and rearing, fell upon him, bruising his left testicle. Considerable swelling ensued, attended by much perineal pain, and by a diminution in the diameter of his stream of urine. In a few days these symptoms disappeared. In September, 1872, he again contracted a gonorrhœa, which lasted six weeks. From its inception his

stream was very small and twisted. Urination was attended by great straining and vesical pain, and occupied a considerable time; oftentimes, indeed, as he says, from twenty to thirty minutes. In the early part of 1873 he was admitted into hospital at New York, and somewhat later into the Infirmary in Baltimore. At times the stricture symptoms were very much aggravated. Attempts at catheterization were frequently made, but he persistently refused all other operative interference. In December, 1873, he contracted a third attack of gonorrhœa, since which period his difficulty in urination has been greatly augmented, and, indeed, for the last three months there has been no stream, properly so-called. There has been only a dribbling or a dropping of his urine. His stricture is apparently most obstinate.

As I told you a week ago, I have uniformly failed to pass any instrument, even the finest in size, through these strictures; neither have my colleagues succeeded any better than myself. The diagnosis which I arrived at in your presence was one of multiple stricture, the anterior situated at about the peno-scrotal junction, and the other or others, behind it. The anterior stricture, we made out to be annular in character, and you will recollect that I divided it by internal urethrotomy, last Wednesday. The urethrotome I employed in so doing was Charrieré's combination of Civiale's and Maisonneuves' instruments. I had no difficulty in overcoming this first or anterior stricture, and behind it found the urethra dilated into a sort of sac, which contained a small amount, apparently about half a drachm or a little more, of urine. Passing through this dilatation I met with another stricture, through which I could not even insinuate the most delicate instrument. The urethra seemed to be completely blocked. I determined, as I told you then, to attempt no more at that sitting. I was convinced that I could not then pass the stricture, and I did not consider it safe to cut blindly, without a guide, in the deeper parts of the urethra. I preferred to wait. I directed the patient to be put to bed between blankets, and opium and quinine to be given internally.

I expected, and indeed so told you, that our patient would, in all probability, experience a chill, and perhaps a smart attack of urethral fever, for the cutting and manipulation which you witnessed upon his urethra had been considerable. At the same time I had been very careful to keep my operative interference within proper surgical limits, and I tried to avoid any unsurgical rudeness. In dealing with the urethra, you must learn, when sometimes, to hold your hand, when to desist, even at the expense of apparent failure. I have seen life imperiled (and I use the mildest phrase) by the honest efforts of a conscientious surgeon to do too much. Our patient, however, was none the worse for all the attempts we made last Wednesday to penetrate his urethra.

He has had no chill, no fever. He has been no worse in any respect than before the attempt. At the same time he has not been materially better. His urine, if anything, dribbles a little less, and approaches more in character to a tiny stream, but yet the change is not much. He is still obliged to keep a urinal under him all the time. I have made, during the last week, one or two efforts to introduce a fine whalebone bougie through the deep strictures, but I have not succeeded.

I cannot pass this obstruction, at least I have not yet been able, and I have made constant and well directed efforts to do so. The stricture is to me impassable, at all events for the present. It is what, in the nomenclature, is called an impermeable stricture. Is there such a thing as an impermeable stricture? Strictly speaking, there is not. In all cases water can, at some time, and in some small quantities, work its way through, and in the very great majority of instances the surgeon, by the exercise of adroitness and patience, may succeed in insinuating through the obstruction some sort of delicate instrument. This may be very difficult to accomplish, but in the great majority of cases, I repeat, it can be done. Exceptionally, very rarely, the manipulation may be so difficult and prolonged, and the patient's symptoms so urgent, as to demand a speedier relief. Such a case I believe I have here to-day. This man's general health is suffering. He must be relieved, and speedily. The stricture must be conquered, and the urethra opened up. I have, therefore, decided to divide his stricture from the external surface.

And here let me repeat, that I regard this operation as one rarely to be called for. You know that I have taught you that you ought to succeed in passing the whalebone in almost any case of stricture, and that, the fine guiding bougie once introduced, you are nearly sure to overcome the stricture by attacking it from the urethra; by dilatation, by bursting, or by incision. Extreme irritability may be a serious complication, but even that may usually, by proper methods, be brought into subjection. You know, too, that I have so succeeded in the very many cases of stricture I have brought before you. We have sometimes experienced great trouble and delay in passing the stricture, but hitherto we have eventually accomplished our purpose in every case, save in that of the patient on the table.

For the reasons, however, which I have given, and from the firm conviction I entertain as to this man's best chances, I have determined to perform upon him, to-day, an external section. And here let me say a few words as to the different operations of external urethrotomy. First, we have Symes' operation. In this a fine grooved metallic staff, such as I here show you, is passed down the urethra, and through the stricture. Upon this groove the urethra is opened by an incision from the external surface, and the stricture is freely divided and slit up. A silver catheter is then introduced into the bladder and allowed to remain for two or three days. You observe, that in this operation it is essential that the stricture be permeable, so that the

operator can introduce through it his guiding sound. And here, it seems to me, an objection arises to Mr. Symes' operation, for it is probable that in almost every case in which a stricture can be passed by an instrument, no matter how small, that it can be eventually overcome by dilatation, internal incision, or bursting. External incision is not, I think, usually necessary, and, in fact, should be avoided. It is, I believe, generally admitted that it is attended with some danger, and that it exposes the patient to the hazard of a urethral fistula, which sometimes proves very difficult of cure.

The second procedure is the ordinary one, described in old times as the buttonhole operation. It is that which I propose to perform this morning. This is its principle: a grooved staff or sound, of as large size as possible, is carried down, until it is arrested by the obstructing stricture. Upon the end of this instrument an incision is made from without, below, and in front of the stricture. The urethra is then opened, the stricture is divided by a narrow probe bistoury, the upper end of the canal is sought for and a catheter is then carried up into the bladder. This is all, and from my description, it may seem to be of very easy performance. But it is not. I know of scarcely any operation which is so difficult of successful accomplishment. The search for the upper end of the urethra, through the surrounding induration is oftentimes analogous to the proverbial seeking for a needle in a haystack, and I am sure I always experience an immense sense of relief when I can carry my probe or catheter into the bladder. You will probably obtain a much more correct idea of the difficulties of the operation by actual observation, and I shall now proceed to its performance.

The patient has, of course, been thoroughly etherized, and I place him, as you observe, upon the edge of the table, in the usual position directed for lithotomy. His legs are wrapped in separate blankets; this is a precaution I always adopt in undertaking any prolonged operation, such as the one I am about to perform may prove to be. I now once more endeavor to pass Symes' staff through the stricture, but, as you see, I can make no headway. I therefore withdraw the instrument, and in its place substitute a large sized, ordinary grooved staff, the point of which I feel to be arrested at the stricture, just behind the scrotum. As I draw the latter forward I then, as you see, cut slowly down upon the end of the instrument, taking great care to keep directly in the median line; as I approach the urethra I divide a hard brawny mass. The point of my knife is now in the groove of the staff, which appears to rest in a sort of sac or dilated urethral pouch. I enlarge the opening already made by my knife, and search carefully for the posterior orifice of the urethra. I here experience great difficulty; the surrounding induration is very decided; there are probably one or more false passages, and I am literally groping my way in the dark. Great caution is necessary, especially in cutting backward, lest I fall upon the bulb and encounter an annoying bleeding, which may obscure the parts and interfere with my search. My great object here is to keep to the urethra, and if possible, to follow its anterior wall backward.

To accomplish this, I shall ask my colleague, Dr. Maury, to draw aside, with a pair of sharp hooks, the divided edges of the urethral mucous membrane. I then endeavor with this probe to follow back the anterior wall, and to my great satisfaction I find that the instrument passes upward and into the bladder; upon it I slide this large grooved director, and then withdraw the probe; a full gush of urine along the groove satisfies me as to the whereabouts of my instrument. I have already largely incised the stricture, but I can detect that there is still a good deal of narrowing above my cut. I therefore carry up this delicate, blunt-pointed tenotome, and divide the stricture still further, cutting upon the floor of the urethra. My director now moves easily up and down the channel, and I can, as you see, introduce this large silver catheter, of Symes' pattern (No. 12), directly into the bladder. A large amount of urine, not less than twenty-eight ounces, flows away, and the operation is completed, to my great satisfaction.

The after treatment in such a case as this, requires careful consideration. So far, all is well; the stricture has been overcome and the route to the bladder has been freely opened up. It remains to bring about granulation and cicatrization of the external wound, and at the same time to preserve undiminished the patency of the canal. Shall I leave a catheter in the bladder or not? In most cases of urethrotomy I prefer not to do so. I would rather trust to the introduction of the instrument and to the evacuation of the bladder, at proper stated intervals, at the hands of the surgeon I have, I confess, a dread of leaving an instrument inside after external or internal section, since I think that it not unfrequently gives rise to vesical irritation and inflammation, which had better be avoided; at the same time, in exceptional instances, as the present, when the section is so far forward as to render urinary infiltration not unlikely, it may, perhaps, be best to leave, for a little while, a catheter in the bladder. I shall therefore permit the silver Symes' catheter, No. 12, English, to remain for twenty-four or forty-eight hours, and shall then probably replace it with a polished gutta-percha French flexible instrument. As soon as possible this also will be removed, and the water will be drawn off at stated intervals by my resident, with a silver catheter. An early effort will be made to teach the patient himself to introduce an instrument, and should he succeed in this, I hope for a speedy, solid healing of the wound, without the occurrence of perineal fistula.

The patient will now be removed to his bed and placed between blankets. A full dose of opium and quinine will be given, to guard against chill and urethral fever. His diet will be exclusively of milk, with as much lemonade or other acidulated drinks as he may care to take.

No attempt will be made to force upon him beef essence or solid food of any kind, which, in my observation, is almost always distasteful after severe operations or manipulations upon the urethra. I shall keep you advised as to the progress of this case, and I trust, and indeed believe, that this man will do well.

Note by the Reporter.—June 10. The after treatment of this case was conducted as above indicated. The silver catheter was replaced by the gutta-percha one at the end of forty-eight hours. The latter was removed on the eighth day, at which time the urine began to be a little turbid. On the eighth and ninth days the bladder was emptied by the physician in attendance. On that day the patient was able to introduce a silver catheter himself, since which time he has voided his urine three or four times a day. He has not, since the operation, experienced any chill or urethral fever, nor has there been any vesical irritation. The external wound is almost closed. He is able to pass a stream of urine through the meatus, not a drop escaping by the track of the incision. The general condition of the patient at this time of writing is in every way satisfactory.

July 7. The external wound has closed, and the patient is well. He can readily introduce catheter No. 11, English, into his bladder, and passes a full stream of urine.

Medical Societies.

NEW YORK MEDICAL LIBRARY AND JOURNAL ASSOCIATION.—April 10, 1874.

DR. JOHN C. PETERS, PRESIDENT.

Syphilitic Disease of the Bones of Fingers and Toes of Children.

Dr. R. W. Taylor read a paper on the above subject, before the association. From the tenor of the doctor's remarks we infer that he proposes to issue a work on this and allied subjects, and gave it as an abstract from his proposed work. Dr. Taylor published, in 1872, an excellent paper on syphilitic dactylites, and the present article is a continuation of the same study on children.

To those who have not studied the subject we might anticipate profitably by stating that dactylites is a disease usually of the second or third phalanges, seldom of the terminal one, which gives the finger or toe so affected a conical appearance, the apex being at the extremity and the base towards the metacarpus, or carpus, if the metacarpus is involved.

The history of the first child was as follows:—Born in June of 1871, of a mother who was infected in her fifth month of pregnancy. When one month old the skin presented signs of specific disease. The middle finger of the right hand was enlarged, the skin thickened and tender. When the child was eighteen weeks old fluctuation was detected, and an incision made, giving vent to a free discharge of pus. The circumference of the affected finger was two and three-fourths inches, whilst its fellow of the opposite side was only an inch; it could not be fully extended, whereas the fore and ring finger could be so readily. There was no spontaneous pain in the swelling, and the strength was not impaired. After the incision was made an ulcer having a sloughy base resulted. Both mother and child were put on mercury and the iodide of potassium.

After one month of treatment the finger showed signs of improvement. This was more noticeable at the end of two months, and in seven months it was fully healed. The mobility of the finger was perfect, but it measured three-eighths of an inch longer than its fellow of the opposite side.

During the month of July a similar morbid process developed in the metatarsal and cuneiform bones. It had the appearance of hydrarthrosis. This swelling was lanced and pus discharged. During the month of December it healed, but it was found that the joints were less mobile than usual. The disease of the finger lasted for eleven months, but in the foot it continued only seven months.

The next case was peculiar, and is indeed only the second one of the kind on record. The patient, a little girl, contracted syphilis by kissing a baby sister who was infected. The mother was seen in November, 1870. She was then in the seventh month of pregnancy, and the first year of her syphilis. It was contracted from her husband in her third month of pregnancy. In January she was delivered of a syphilitic child, and from kissing this child the elder one contracted syphilis. The second metacarpal bone was affected in this case, and at the same time the lower end of the radius and olecranon process of ulna. They were sore when pressed upon. After a month of treatment with the bichloride of mercury and the iodide of potassium, the swelling diminished in size, and nearly disappeared.

Dr. Taylor, after finishing his own two cases, gave a summary of two cases which had been observed by Dr. L. D. Bulkely, of this city.

The first case was a delicate girl of two years and three quarters old. When first seen she had a swelling on her ankle which had lasted for fifteen months. The first phalanx had swelled, softened, and opened. Some of the bone lesions were eighteen months old. The joints were unaffected, though there was an ulcer over the phalanx, extending down to the bone. The fourth and fifth metatarsal bones were affected in a somewhat similar manner. The patient was put on bichloride of mercury, iodide of potassium, and the ammonio-citrate of iron. The sores were dressed with simple cerate, and the patient had improved very much in a month.

In the second case reported by Dr. Bulkely, the metacarpal bone of the thumb was enlarged to twice its natural size, and the thumb shortened.

Dr. Taylor said that in this disease any of the bones may be involved, though the phalanges most frequently so. When distal phalanges

are affected there results great deformity, and when the second phalanx is involved it results in a very clumsy looking finger. Three cases of this latter variety have been noticed. The proximal phalanges are the most commonly implicated; they were so in Dr. Bulkely's two cases, as well as the two he reported himself. The increase of size in the phalanx is usually to two or three times its natural size. It is longer than usual, and broader at the base. The joint is enlarged, and this deformity is most perceptible on the palmar surface. The swelling of the phalanx is uniform, and in this respect it differs from rheumatic gout. The ratio of occurrence in the fingers affected would show the thumb to be the seat of the disease twice for every once that the middle and ring finger are. The little finger is seldom involved, unless all the fingers are affected. The surface of the swelling is smooth. The power of grasping with the hand is usually interfered with.

Pathologically it may be considered to be a periosteitis, an osteitis, and an osteo-myelitis. In early life gummy tumors are not discernible, or, in other words, the lesion is of the proliferative kind, no neoplastic element being present. Later in life gummy material does occur.

Dr. Bumstead was much pleased with the paper. It treated of a subject both interesting and novel. It is very important in consideration of this condition to be careful in admitting cases where the diagnosis of syphilis is not assured.

Some discussion took place as to whether keratitis should be considered to prove the existence of syphilis. Dr. T. R. Pooley held that it was an exaggeration to say that keratitis is due to syphilis, though it is frequent in that disease. It may occur where there is no specific history whatever.

NEW YORK ACADEMY OF MEDICINE.

April 2, 1874.

DR. AUSTIN FLINT, PRESIDENT.

Sir William Jenner, Sir James Paget, and Sir Richard Owen were elected Corresponding Fellows of the Academy.

Memoir of Dr. W. C. Roberts.

Dr. G. M. Smith read a memoir of the late Fellow of the Academy, Dr. W. C. Roberts. Dr. Smith traced his career from the beginning, and touched on the time he spent as a student with the late Dr. Valentine Mott, and of the advantage he was to his preceptor. Dr. Roberts was one of the first to start a dispensary for the special care of the diseases of women and children in the city, and maintained his interest in them till his death, which took place last December.

The memoir was of great merit, for the excellence of its diction, and was peculiarly appropriate in the case of Dr. Roberts.

Practical Points in the Treatment of Hemiplegia.

Dr. Beard confined himself mainly, in his paper, to points of therapeutic interest in hemiplegia, and recommended at length support, dry heat massage, and the combination of phosphates, etc., which has been called brain food. He showed an apparatus by which dry heat might be applied to the different extremities and strongly advocated its use.

Artificial support is one of the most important measures in any case of paralysis, and is imperatively indicated if the best results are to be expected. Dr. Beard referred to the method of adapting an artificial support, in the shape of a band of rubber to assist the paralyzed muscles during the first week of hemiplegia. Passive motions should be had recourse to. Massage, or manipulating the affected muscles, is another valuable aid. The late Dr. Geo. S. Elliott was treated in this way after his first attack of hemiplegia, and was recovering very favorably when the second attack seized him, and terminated in death. The motions combat the rigidity of the muscles and prevent anchylosis. All cases of hemiplegia have a tendency to recover up to a certain point, and when proper treatment is pursued from an early stage of the disease we can hope for and obtain better results than if treatment commenced later in the disease.

Nervous or hysterical patients yield better results than those of a robust temperament. In the former there is a quicker and more lasting response to treatment, from the susceptibility of the nervous system. The nervous system of the other shows a tendency to be sluggish. Dr. Beard was in favor also of passing currents of electricity through the brain, and in that way influence the nervous system. It had been found that in old cases of paralysis the columns of the spinal cord showed atrophy in the affected side proving conclusively the evil results which occur when the muscles are allowed to pass into a state of atrophy.

Dr. Mason objected to the passage of electricity through the brain. He said that Benedikt, of Vienna, had tried it pretty thoroughly, and had given it up. Legros and Onimus had made experiments with it. They trephined a dog and passed the current down through the brain and sympathetic system, and found that it contracted the size of the brain, whereas when they reversed the current and passed it up, the size of the brain was increased. Dr. Mason coincided with all of Dr. Beard's suggestions, particularly that of supporting the muscles, to allow them to regain their contractility.

Dr. Neftel was of the opinion that no injury would be caused by a weak current. Benedikt was in the habit of using a strong one. In the passage of electricity through the brain the rheostat should be used. Dr. Neftel was also of the opinion that electricity in the early stages of the paralysis was a positive injury, and should not be had recourse to, though it was of great benefit later on. He was a strong advocate of the use of arsenic for its effect on the brain, and

thought much satisfaction would be obtained from its general use.

Dr. —— corrected Dr. Beard's remarks about the variety of elastic used and the method of adapting it. Webbing is the variety that he uses. When the hand is kept raised, in paralysis of the arm, a very much better result is obtained than when it is allowed to droop; this principle is true in all case of paralysis. The doctor mentioned a very interesting case of ptosis which he had under his care at the Eye and Ear Infirmary. By means of elastic ribbon he was able to support the eyelid. The elastic was secured to the skin by means of court plaster and collodion. After two days the patient was able to shut his eye.

State Board of Health.

The President called on Dr. A. N. Bell, editor of the *Sanitarian*, to inform the Academy in respect to the State Board of Health which was under consideration.

Dr. Bell, by permission, read the bill which was before the State Legislature. This bill provides for the appointment by the Governor of four physicians, of at least ten years' professional experience, who, together with the Comptroller, Attorney General, and State Engineer, shall constitute a State Board of Health, to serve without compensation, except to cover expenses, not to exceed five hundred dollars per annum. It is made the duty of the Board, within ten days after the bill becomes law, to assemble in Albany and to appoint a Secretary, who shall be a physician of good standing, to be the executive officer of the Board, and to be paid an annual salary not to exceed three thousand dollars. The Board is required to organize a system of Vital Statistics, applicable to the whole State, and the Secretary made the Superintendent thereof; to exercise advisory powers, devise and systemize health administration generally, and disseminate information among the people for the promotion of the public health. Expenditures are limited to eight thousand dollars annually.

Dr. Bell also read a drainage bill which was before the Committee of the State Legislature. It provides for the proper drainage of lands and filling of ponds and low lands, for the promotion of the public health, and is intended to take the place of the present cumbrous and inefficient law on that subject. Dr. Bell spoke of the advantage both bills would be to the sanitary condition of the State, and moved that the Academy pass a resolution of approval, and this be sent to the Committee of the State Legislature. After some remarks the resolution was carried.

STATED MEETING, April 16th.

DR. AUSTIN FLINT, PRESIDENT.

Mental Peculiarities.

Dr. D. Tilden Brown, of the Bloomsdale lunatic asylum, read an interesting paper on this subject, and although he did not present any new matter, he brought out the subject of his paper in a strong and intelligible light.

The general tendency in cases of insanity is progressive, and although we find cases of irruptive insanity, caused by injuries of the head, syphilis, great mental shocks, etc., they must be called the exception, and not the rule.

The patient himself will detect this tendency long before it is suspected by the world outside, and at this time, if he labor to repress and live down the irregularities, he may succeed. He may have inherited it from some progenitor, and for years and years it may have been dormant within, till some circumstance occurring hastened the development; at the same time, if left without any extraneous influence, the tendency would be to continue on in the same development.

Of mental peculiarities, none are more common than that arising from want of adjustment of all the faculties. There may be the elements of success in a person, yet for some reason they do not support each other. Many are able to keep in the background their weak points, and thus pass for more than they are worth, living through their lives a stranger to their acquaintances.

A very common peculiarity is what is known as *absent mindedness*. It consists in the inability to view the world within and the world without at the same time. Dr. Hamilton had many anecdotes told of him in this respect. On coming in to his lecture he would find the students' hats on his desk, and would remove them one by one, never noticing that as soon as he removed them they again placed them in their original position. It is of him, too, that the story is told, that, running against a cow on the street, he turned around and humbly apologized. Many other anecdotes are extant of this same man, showing to what extremes this absent mindedness may proceed.

Eccentricity is more nearly allied to insanity than any of the others, and though it merges into it, it is not insanity. Eccentricity consists in the incongruous relations of the mind.

In insanity there is a base of something radically wrong underlying all the mental operations. This is not so in eccentricity. It is hard, however, to draw the line where the one ends and the other begins.

Melancholy is a condition where all joy is gone. Those who are afflicted with it persistently look on the dark side of everything, and cannot realize that there may be a bright one. This also may pass into insanity.

Some show their peculiarity in being deficient on some subject, as mathematics. It is related of Agassiz that he could not master the principles of geometry. Many others of great learning and reputation have been similarly deficient. Many show a marked peculiarity in their memory. Being either lamentably wanting in this faculty, or, on the other hand, possessing it to a surprising degree.

Moral Defects.—Some live a life of distrust, firmly believing that every one is plotting against them. Rousseau was notorious in this respect to the day of his death.

Veracity.—There are those who, from preference, err in this respect. It becomes with them a species of moral insanity.

Dr. Brown, in closing, said, that on the subject of insanity he felt compelled to say that the more he saw of insane people the less he knew of insanity itself.

Transactions of State Society.

Dr. Ellsworth Elliot said he was in receipt of a card from the secretary of the State Society, Dr. Bailey, in reference to the publishing of the State *Transactions*. He wished to inform the fellows of the Academy, many of whom did not belong to the County Medical Society, that, if they wished, they could subscribe for the State medical *Transactions*, and the price of subscription was one dollar and a half a volume. The President announced that Dr. W. H. Van Buren would read a paper at the next stated meeting.

Editorial Department.

Periscope.

Hysteria in a Male.

The following case is reported by Dr. Gordon, in the Dublin *Medical Journal*:—He was asked to see a policeman, who was brought at twelve o'clock the night before into the hospital, suffering from intense pain in his stomach. This pain was so severe, so agonizing, that he walked about the ward the entire night, screaming with pain, and preventing the other patients in the ward from getting any sleep. No treatment seemed to have the least effect in subduing the pain. When Dr. Gordon saw him on the following morning, the first thing that struck him as remarkable was the extreme quietness of the man's pulse under such a history of agonizing pain; it was only 76; but he was restless, incessantly tossing about; would scarcely allow of any examination of the abdomen, which was rather swollen and tympanitic; bowels confined; urine copious and light colored; could only swallow liquids, and everything he had taken during the entire night he had vomited, even a little water; as fast as it was swallowed it came up again; and, indeed, latterly it was quite evident that emesis took place even before the fluid reached the stomach. The diagnosis arrived at was that it was a case of hysterical vomiting, and that the pain was also of the same character; it was never referred twice to exactly the same situation—now to the epigastrium, now to the right, and again to the left side. The vomiting was also peculiar; indeed, there was no actual vomiting, but a rejection of food before it could have reached the stomach. Large doses of morphia by subcutaneous injection were directed, the result being that the man slept, got into a mild perspiration, was much relieved, and took food in small quantities. The same symptoms recurred from time to time, the intense agonizing pain and the vomiting. That morning, when Dr. Gordon went to the hospital, he was told the man was spitting up blood. He found some blood in the spitting-cup, but on examination he was satisfied it was blood that came from his mouth or throat, and not from his lungs or stomach; that it was, in fact, induced by his own voluntary act. This, of course, confirmed the diagnosis, that it was a purely nervous affection. One thing however, struck him as very remarkable the rapid emaciation which the man had undergone within four days. He had endeavored to examine very carefully into his history, but he could not find out anything which he could directly assign as the cause of the affection, except that he was a man not long in the force, had come up from the country, and had been on rather severe duty. The case bore out the extreme difficulty of diagnosis in these cases, particularly when they had to deal with a male subject.

Bromide of Potassium in Cerebral Hyperæmia.

Dr. Ragland says, in the New Orleans *Medical and Surgical Journal*:—

In hyperæmia of the brain, a disorder frequently the result of excessive mental toil, intense or long continued excitement of the mind with little or no rest to the brain, its organ, inducing a state of increased blood supply, which soon becomes a source of grave trouble, with disastrous consequences, unless relief is afforded, bromide of potassium, by virtue of its power to cause contraction of the overloaded capillaries, frequently relieves the threatening symptoms of this disease when other means usually prescribed fail.

In 1872 I had, in conjunction with Dr. Roberts, of San Augustin, Texas, the opportunity of observing an interesting case of hyperæmia of the brain, in which extreme hyperesthesia of the special senses, with persistent insomnia, was relieved by bromide of potassium, in doses of twenty grains repeated every five hours until relief was obtained. As soon as its influence was secured, the patient became comfortable and fell into quiet and refreshing slumber. Its use was continued for some time in smaller doses, and finally was substituted by hydrate of chloral. This remedy failed to afford the measure of relief given by the bromide of potassium.

A Successful Case of Cerebro-Spinal Meningitis.

Dr. James Little, Professor of the Practice of Medicine, Royal College of Surgeons, writes to the Edinburg *Medical Journal*:—

On December 20, Isabella S., aged twelve years, was sent into the Adelaide Hospital by Dr. Walter Smith, under whose notice she had come, among the out-patients.

On December 16 she had been attacked with severe frontal headache, and so overpowered by a feeling of illness that she could not sit up.

On December 19 she had vomited repeatedly. When I saw her on the afternoon of the 20th she was lying as if in a heavy sleep; she could easily be roused, but at once relapsed into the sleepy condition; the face was flushed; she said she had severe headache, and she manifested marked intolerance of light. An ophthalmoscopic examination, made by Mr. Swanzy, showed hyperæmia of the retinal vessels. She had vomited several times since admission. There was slight subsultus; the tongue was covered with a creamy fur; the bowels had not acted for twenty-four hours; pulse 130; temperature 104·8. Her hair was cut close, a leech applied to each temple, and four grains of calomel given.

The headache was distinctly relieved by these measures. She passed a quiet night, though she did not sleep much, and wandered somewhat. She was put on milk diet, with beef tea, and ten grains of the bromide of potassium given every second hour.

On December 22, 23 and 24, she was drowsy, but easily roused. She no longer complained of headache, but the face was flushed; the carotids throbbed violently; she vomited occasionally; had slight subsultus, and was very thirsty.

On the 25th marked retraction of the neck was observed. She lay with her legs drawn up, and complained bitterly of any attempt to extend them, or, indeed, of any attempt to alter her position. She cried and moaned incessantly; during the day she seemed rational, and during the night she raved.

On December 26 her condition was unchanged.

On December 27, though she took nourishment freely, she seemed sinking; the heart's action was extremely feeble, and the extremities cold; hyperæsthesia of the surface and retraction of the neck were highly marked; and although the prominent points of her body had been carefully padded with cotton wool, large sloughs were to be seen forming over both trochanters and over the sacrum, and dark patches had appeared on the inner aspects of the knees, where they came in contact, as she lay with her legs drawn up in bed. I now directed the bromide of potassium to be discontinued. I prescribed two grains of quinine every fourth hour, and the administration of a hypodermic injection of morphia and atropia as often as was necessary to keep her easy. The nurse was, at the same time, instructed to feed her carefully, just before each injection, and again as soon as its effect had somewhat passed off; and, in addition to strong beef tea, eggs and milk, she had a daily allowance of four ounces of port wine, and two ounces of whiskey. The hypodermic injections were continued for eight days; at first gr. $\frac{1}{8}$ of acetate of morphia, and gr. $\frac{1}{120}$ of sulphate of atropia were used, but as this proved insufficient to relieve her, larger quantities were used; three times half a grain of morphia was injected, but on all other occasions a quarter of a grain was found effectual. The injections were generally made three times in twenty-four hours. On this treatment she continued until January 4, when convalescence commenced.

Reviews and Book Notices.

BOOK NOTICES.

Materia Medica, for the use of Students. By John B. Biddle, M.D., Professor of Materia Medica and general Therapeutics, in Jefferson Medical College, etc. Sixth Edition, Revised and Enlarged, with Illustrations. Philadelphia, Lindsay and Blakiston, 1874. pp. 435.

The necessity for a new edition of this work in so short a time is the best proof of the value in which it is held by the profession. We are glad to notice that among the new features is the adoption of the new method of chemical *notation*. The additions in this edition are valuable, and we must congratulate the author upon having improved what was already so useful a work, both to student and physician. As a text-book for those who attend his lectures, it is indispensable.

Electro-Therapeutics: A Condensed Manual of Medical Electricity. By D. F. Lincoln, M.D., Physician to the Department of Diseases of the Nervous System, Boston Dispensary. Philadelphia: H. C. Lea, 1874. pp 186.

The subject of which this little volume treats is daily becoming of more importance to the medical practitioner. The work of Dr. Lincoln has solely the purpose of presenting to the busy physician, at a glance, "the principles which ought to govern our use of Electricity." He gives, first, the physical laws of electricity; next, modes of generating this imponderable; physiology, diagnosis, or the use of this force to "test the functional activity of nerves and muscles;" methods of application; medical and surgical practice; cautions, and, finally, the apparatus to be employed.

Now that electrolysis is rapidly assuming the front rank as a surgical adjunct, the attention of the profession is being constantly directed to the whole subject of electricity, and such books as this prove invaluable aids in the study of this branch.

Dr. L. also gives a list of authorities for those who desire to extend their studies in this department.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 11, 1874.

D. G. BRINTON, M.D., Editor.

The Reporter aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The Reporter aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

OUR MEDICAL SERIALS.

Our serial publications are the weekly Medical and Surgical Reporter; the Half-Yearly Compendium of Medical Science, published each January and July, constituting a *supplement* to the Reporter, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the Physician's Pocket Record and Visiting List, published annually.

The terms of these are as follows, payable in advance.

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	3.00
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

Dr. D. G. Brinton has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF

THE MEDICAL AND SURGICAL REPORTER,

115 South Seventh Street,

PHILADELPHIA, PA.

SEXUAL ATTRACTION AS A PHYSIOLOGICAL FACTOR.

"Men have died from time to time, and worms have eaten them, but not for love," is the cynical remark of the fair Rosalind, in *As You Like It*. Her words express the opinion of the majority of mankind over thirty; and of the minority under that age, at least, the emotional and refined temperaments.

As medical books are usually the product of a ripe experience, no wonder that the pathological results of sexual emotion are estimated at lower figures in them than in the dreams of youthful poets and the pages of the novelist. Yet it is by no means a matter of merely modern observation that very extraordinary effects are produced by the tender passion in the body and the mind. Horace speaks of the disordered liver, "jecur ulcerosum," brought about by it; Plautus also refers to this same *morbus hepatarius;* and even Solomon, the wise, describes the youth whose liver was struck through by this dart of the passions. A few months ago we quoted in this journal the remarkable case of a young lady who, in consequence of disappointed affection, had blue perspiration, cyanodrosis, for six or eight months. The records of our insane hospitals show not a few examples where permanent mania has followed violent affection.

There is more in the pictures of love, as drawn by poets, than many wise men allow. There is often something inexplicable in the attraction, instantaneous and overpowering, which brings two persons of opposite sexes together. We have before us a letter written by a prominent medical gentleman of the West, whose name is well known to our readers, narrating a circumstance in his own history, which, were it worked up by such a genius as De Balzac, would make a history not less absorbing and improbable than any which was created by that teeming brain. It will be no violation of confidence to present his unvarnished statement.

"Some years since the wife of a neighbor of mine told me that her brother, who had lived at a distance, and whom I had never seen, had just

married and taken his young wife, who was also a total stranger to me, to Brazil. The incident was spoken of only as a matter of commonplace occurrence. My imagination at once took on the liveliest interest in this young couple, and though our former neighbors and myself each left the old neighborhood, and were separated a thousand miles, no letters being exchanged between us, nor a word said to me of the young couple, yet I often thought of them, and felt the most intense interest in their welfare; for this strange interest I could give no reasons, nor did I try to quench it, as I little thought then of the relations that were afterward to exist between them and myself; indeed, I did not even dream of ever seeing either the husband or wife, as an unmeasured expanse of sea and land lay between us. It came to pass, however, that after the war was over both my own family and that of my friend returned to our old neighborhood, and after two or three years the young man and his wife returned from their long trip and concluded to make our village their future home. I became acquainted with them, and from the moment I set my eyes upon the young wife I became so warmly attached to her that she was my thought by day and my dream by night; in my foolish infatuation I told her of it, and to my astonishment found my attachment reciprocated. It is enough to say in conclusion that each of us had sufficient moral courage to stifle the sentiment that had sprang into existence unbidden, and to pay that deference to the usages of the world which none can with impunity defy and maintain self-respect. This 'spiritual intercommunication,' or whatsoever you may choose to name it, no doubt actually exists, and that such an agency exerted an influence over me at the times above narrated I believe, as much as I believe in my present existence; the 'how' and the 'why' I am not prepared to discuss."

While, as is generally the case in real life, the plot and denouement of a drama are here absent, this calm narrative displays the very stuff of which the extravagance of passion is made. He who yields is lost; as certain as the emotion conquers him, so certain will it slay him. *L'échéance du diable sera arrivée.*

In the calculations of psychological science not enough account is made of this reaction of minds, of the innate attractions and repulsions which mould and direct the emotional side of our lives. It is well to take a reading in the poets now and then, and to impress upon our minds the truths they paint in such vivid colors. The one-sided view that digestion and assimilation are the chief factors in our loves and hates does not hold good on the sunny side of five-and-twenty; and there are temperaments, such as Goethe and Anacreon, who seem to have enjoyed perennial youth in this respect.

Notes and Comments.

Therapeutic Notes.

PALATABLE PREPARATIONS OF COD OIL.

We give some more of these. In the Roosevelt Hospital they use the following:—

℞.	Cod-liver oil	℥ij.	
	Spts. lavender co.	℥j.	
	Brandy	℥j.	M.

The house-surgeon says the patients beg for it.

The subjoined formula is very similar to one we have given before. Dr. Squibb regards it as the best formula he has ever seen. The chief objection to it is the fact that it is difficult to get the druggist to prepare it in the proper manner, because it requires so much time. When thoroughly prepared it will keep well for a long while.

℞.	Yolk of eggs	No. iv.
	Glycerine	℥j.
	Cod-liver oil	℥iv.
	Phosphoric acid dilute	℥ss.
	Sherry wine	℥ij.
	Essence of almonds	℥j.

The eggs and glycerine are first to be carefully triturated in a mortar, and while the trituration is continued add the oil, drop by drop. When this is done, the acid, wine, and essence may be added. The above is not the precise formula used at the asylum, but it is essentially the same. The manner of making the emulsion is the important feature. The amount of phosphorus can be varied to suit different cases, or other remedies may be added, such as arsenic, etc.

How to Insert the Hypodermic Syringe.

Prof. Hildebrandt, of Königsberg, says, in the *American Journal of Obstetrics*:—

In performing the injection I take up a firm fold of skin and insert the canula of the

syringe perpendicularly (not obliquely) into the crest of the fold, to the depth of one-half the length of the canula, in order that the fluid may always enter the thick, adipose, subcutaneous cellular tissue. I believe that it is owing to this circumstance alone that I have never had occasion to see an abscess. As a rule, only the first three to five injections are painful; subsequently they are more and more easily borne. A slight subcutaneous infiltration (*hautknoten*) always remains, in some women only several days, in others many days, and even weeks.

The Climate of Florida.

A correspondent of the Boston *Medical and Surgical Journal*, writing from Florida, says:—

That most of the country is highly malarious during warm weather, may be read in the bloodless faces and purple lips of those whites whose poverty condemns them to live where they were born. The proverbial *faccia di Albenga*, of Italy, is quite a healthy countenance in comparison. This danger does not exist in winter, and some people stoutly maintain that the river is healthy until the first of June. Doubtless, however, the words of the Charleston physician are wise: "Do you see that long moss hanging to the trees? That says, 'as soon as the first of May comes, you run!'" Malarial poison is an affair of place and of the constitution exposed to it. Shifting a house a few yards will sometimes make it safe. One man, who is quite reduced by tubercular disease, may experience no trouble; while another, who is much stronger, and only suffers from nervous prostration, may get poisoned within a week. In the face of such uncertainty, and of the profound ignorance of physicians concerning the nature and action of malaria, it is well for invalids to keep on the safe side by retiring as early as the middle of April. They should observe the same rules in returning as in going, and make slow haste; nor forget the precept of one of Boston's wisest physicians, to "come back with the strawberries."

The Origin of Urinary Calculi.

A work was published some months ago in London, on the mode of formation of urinary calculi. Its author, Dr. H. V. Carter, has evidently studied the subject very carefully.

From a summary we extract the following conclusions:—

1. That urinary calculi are not mere precipitates or aggregations of ordinary crystalline and amorphous deposits, held together by mucus.

2. An animal basis is an essential component of urinary calculi. This is probably not always the same, and its only approach to organization is a finely granular striated or fibrillated appearance.

3. Peculiar and characteristic ingredients, which are immediately of physical origin, but hold a position intermediate between pure mineral and organic. To these the name *submorphous* is given by the author.

4. Frequently the stone seems to commence by an accumulation of globular urates. The idea that stone is the result of accident is not sustained by these researches.

These inquiries render the utility of any attempt to disperse calculi very improbable. The free use of pure drinking-water seems to afford hopes of *prevention* of calculus.

Correspondence.

Apoplexy and Epilepsy.

Ed. Med. and Surg. Reporter.

The occurrence of six fatal cases of apoplexy, all closely related, and two cases of epilepsy (one fatal in four years from first attack), in remoter branches of the same family, would seem to have some weight as testimony in favor of the assertion that palsy is indeed hereditary. And we might infer that epilepsy is but a milder expression of the same disease. We are taught that apoplexy is the result immediately following extravasation of blood into the brain substance, or beneath and around some of its membranes, or to turgescence of the vessels of the part. Also that epilepsy is a cerebro-spinal affection, but without any lesion.

The six cases referred to occurred within the space of twenty-five years. None were under fifty years of age, and the oldest did, probably, not exceed seventy. The fatal case of epilepsy was first attacked about the age of nineteen. The other case, still further removed by birth, is now a young lady. She has had spasmodic attacks periodically from her infancy, not very severe. The young epileptics were portly, robust, in general health, full of blood and vigor, with short necks and heavy expression of countenance.

The apoplectics, with one exception, were lean, tall, and wiry figures, of nervous or nervo-sanguine temperament, hard workers and generous livers.

The consanguinity of the above eight cases is as follows:—

Mr. S. and sister, also sister's daughter; Mrs. S. and two daughters. Making six cases of

fatal apoplexy. Mrs. B., being Mr. S.'s sister's daughter, was the mother of the fatal case, and the grandmother of the milder case of epilepsy. Would it not seem from the above that apoplexy is strictly hereditary and epilepsy is the form assumed in the remoter branches of a family of an apoplectic diathesis?

A. D. Binkerd, M.D.

Sulphite Soda as a Specific.

Ed. Med. and Surg. Reporter:—

Last September I was called to see a lady, married and mother of five children. She had a slight uterine catarrh, and was excessively nervous. But the most remarkable feature in her case was very pale tongue and mucous membranes, without apparent loss of flesh, bowels regular, appetite capricious. I gave the following:—

R	Quinia sulph.,	ʒj
	Ferri sulph.,	ʒss
	Strychniæ sulph.,	gr.j

Make thirty pills.

Sig.—One to be taken three times daily.

Three days later she reported no improvement, and that she could not possibly take the medicine I had prescribed. I then prescribed—

R	Pepsine,	ʒiij	
	Bismuth sub. nit.,	ʒij	
	Tr. nux vom.,	ʒj	
	Nitro-muriatic acid,	gtt.xl	
	Wild cherry wine,	ʒviij	M.

And directed a dessertspoonful to be taken three times daily. She sent me a message that that last medicine would also ruin her stomach if she continued to use it. I then thought of what I had read in a little work of some merit, though slightly humbugish in the main. The author recommends sulphite soda as a specific in diseases attended with pale mucous membranes, and tongue with white pasty coat, and I concluded to try it in this case, and accordingly gave sulphite soda, one ounce. Make twenty-four powders. Give one every four hours. Improvement commenced at once, and continued until she was entirely well. Wm. Tanner.

Bolivar, Mo., June 18th, 1874.

Foreign Body in the Rectum.

Ed. Med. and Surg. Reporter:—

In your last issue is reported a case of foreign body in the rectum. The foreign body being a whiskey tumbler measuring one and three-fourths inches in diameter at the bottom, two and one-half inches at the top, and two and three-fourths inches high. The writer also gives the treatment and the result of the accident. He requests any one knowing of a similar case to give a report of it. In Prof. H. H. Smith's Surgery, page 590. Vol. II, is a case reported by Ruschenberger, of the U. S. Navy, where a glass goblet, three and a half inches high, with a brim two and five-eighths inches, and a base one and seven-eighths inches, was introduced into the rectum of a Chinaman. The whole was removed by Parker, of Canton, by crushing it with strong forceps, protecting the parts with folds of cloth, and removing the smaller fragments with a teaspoon.

Respectfully, A. S. Harshberger.

Milroy, Pa.

News and Miscellany.

The British Pharmaceutical Conference.

The eleventh annual assembly of the members of the British Pharmaceutical Conference, an organization for the encouragement of Pharmaceutical research and the promotion of friendly intercourse among Pharmacists, will be held in London on the 5th, 6th, 7th, and 8th of August, 1874, under the Presidency of Mr. Thomas B. Groves, F.C.S., of Weymouth. By the kind permission of the Council of the Pharmaceutical Society of Great Britain, the meetings will take place in the house of that Society, 17 Bloomsbury Square, London.

The reading and discussion of reports and papers will be taken on Thursday, the 6th of August, and Friday, the 7th; hours. 10 to 12.30, and 2 to 4.30 each day. On the evening of Wednesday, the 5th of August, these meetings will be inaugurated by a conversazione, to be given by the Pharmaceutical Society, through its Council, to the members of the Pharmaceutical Conference. On Thursday evening the members of the Conference will hold their annual dinner, and on Saturday, August 8th, the London members and their friends invite the Provincial members to an excursion down the picturesque valley of the Thames, between Marlow and Maidenhead.

Exhibition of Objects Relating to Pharmacy.

The Local Committee, with the view of increasing the interest in the gathering, propose that an exhibition of objects relating to Pharmacy shall be held in the Pharmaceutical Society's Rooms, on Wednesday, Thursday, Friday, and Saturday, the 5th, 6th, 7th and 8th of August. The Exhibition will also form a prominent feature of the Conversazione on Wednesday evening, August 5th.

The Committee invite contributions in one or more of the following classes:—

Class 1. Objects representing novelties or improvements in Pharmaceutical processes, including apparatus.

Class 2. Medicines (Simple and Compound), Drugs and Chemicals, including new preparations, and new forms of old preparations; also specimens, etc., illustrating the subject of "Adulteration."

Class 3. The General Appliances and Fittings of a Pharmacy or Store; Dietetics and Miscel-

lanea, including models, drawings, engravings, paintings, books, historical relics, etc.

NOTICE TO EXHIBITORS.

All articles must be forwarded on or before Friday, July 31st, addressed, British Pharmaceutical Conference, care of Mr. Holmes, 17 Bloomsbury Square, London.

No article will be exhibited unless accompanied by a list (two copies), and descriptive notes, either printed or written on one side only of the paper.

The expenses of carriage, and all risks, to be borne by exhibitors.

Notices of the articles exhibited will be published in the "*Transactions*" of the Conference.

N.B.—The Local Committee reserve the right of declining to exhibit any article which they may deem unsuitable.

Communications respecting the exhibition should be addressed to any one of the following gentlemen:—Mr. Holmes, Curator of the Museums, 17 Bloomsbury Square, London, W. C.; Professor Attfield, General Secretary of the Conference, 17 Bloomsbury Square, London, W. C.; Mr. M. Carteighe, Local Secretary of the Conference, 17 Bloomsbury Square, London, W. C.

Professor ATTFIELD,
17 Bloomsbury Square, London, W. C.
Mr. F. BADEN BENGER,
7 Exchange Street, Manchester.
Honorary General Secretaries.

To the Physicians of Philadelphia.

With all due deference, the Temperance Aid of Women Friends of Philadelphia, respectfully call your attention to the terrible scourge which alcoholic stimulant is causing in our midst, not only among the poor of our city, but also among the rich and cultivated, many of whom are brought to a drunkard's grave. It is because you have so powerful an influence that we call upon you, as Christian Philanthropists, to put an end, as far as possible, to the use of ardent spirits as a medicine.

It is said that Dr. Benjamin Rush refused to prescribe such a stimulant, and remarked that when he came to stand at the bar of God, none should accuse him of making them drunkards by his prescriptions.

Permit us to suggest the possibility of making much less frequent use of milk-punch, ale, etc., in our hospitals. It seems to us that while it is undoubtedly our duty to do what we can to preserve life for this world, it is of far greater consequence not to destroy it for that which is to come. We would, therefore, ask you, under a sense of your great responsibility, to give this subject your earnest, serious and prayerful consideration.

Signed, by direction, and on behalf of the Association, SUSAN LONGSTRETH, President.
CAROLINE REMINGTON, Sec'y.

OBITUARY.

DAVID WILSON HUTCHINSON, M. D.

At a regular meeting of the Oxford Medical Society, held June 17th, 1874, the Committee appointed to prepare a memorial, to be entered upon the minutes of the Society, offered the following preamble and resolutions, which were adopted:—

Whereas, God in his dealings with us, his creatures, has removed from among us one who has long occupied a prominent place in the profession of medicine, in this vicinity; one who, to an able mind, has added untiring industry in the performance of his duties in the relief of suffering humanity; One who regarded not summer's heat, or winter's snow, alike subject to the call of high and low, rich and poor, has laid aside his lancet, in obedience to the stern edict, "dust thou art, and to dust shalt thou return." The praises, the calumnies of men no longer please or annoy, but fall listless alike on the dull, cold ear of death. He has been gathered, with his fathers, to his reward.

Resolved, That while we bow in humble submission to the will of him who doest all things well; while we acknowledge the justice of the rod that chastises, in removing *one* in the very prime of his manhood, we feel it our duty to make a record of our opinion and feelings of his worth, and thus express sadness at the sudden loss of so enlightened a physician and warm-hearted philanthropist.

Resolved, That by the permission of the family of Dr. D. W. Hutchinson, this Society plant upon his grave, at the proper time, some evergreen shrub plant, in view that his name may be green in our memories, as the ivy or myrtle, that with the interment of his ashes, we may not bury our recollections of him who lived and acted among us.

JAS. P. ANDREW,
JAS. FULTON,
R. B. EWING,
} Committee.

QUERIES AND REPLIES.

WOONSOCKET, R. I., June 13th, 1874.

DEAR SIR:—How much of truth is there in Prof. Binz' theory, that hay fever is due to the presence of a parasite in the nasal cavity, "to be treated by local application of neutral solution of Quinia, free of Cinchonia." How is such a solution to be obtained, and of what strength to be used?"

An early answer will oblige an old subscriber, who has yearly one or more such cases to treat, commencing in the month of June.

Yours truly, GEO. W. JENCKES, M. D.

We have no belief in the theory or practice.—ED.

M., Woodstock.—As to etiquette, you are correct.

Franklin County, Pa.—We publish the slip. Unfortunately, there is no adequate means of meting out the proper punishment in such cases.

C. C. S., Mobile, Ala.—For a reply, we refer you to the Report of the Judicial Council, A. M. A., as published with the minutes of that Association.

J. T. C., Collins, Drew County, Ark.—Thanks to our wise legislators, we have no remedy. This prevails all over the United States.

C. H. Closson, Altoona, Pa.—There is no law to meet the case.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

CLINICAL CONTRIBUTIONS TO OPHTHALMOLOGY.

BY P. D. KEYSER, M.D.,

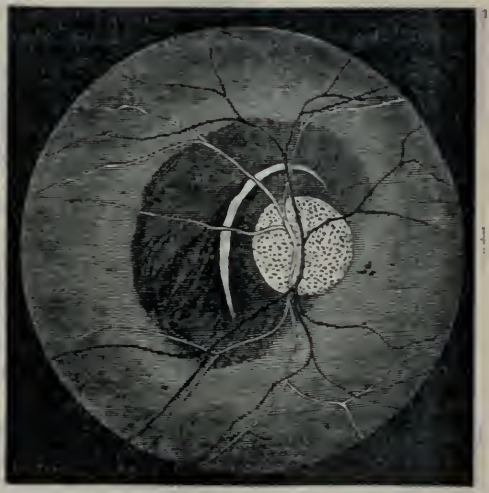
Of Philadelphia.

Perforating Wound of the Sclerotica, Partial Detachment of the Iris from its Ciliary Border, and Rupture of the Choroid. Recovery of good Vision.

On the 9th of September, 1873, a boy threw quite a large piece of hard mortar at David C., aged 15 years, of Wilmington, Del., striking him on the left eye, knocking him down senseless for a short time. He was carried home to his bed, where he lay for two days, unable to raise his head in the least without retching and vomiting taking place. The lids of the eye became immediately so swollen that they could not be opened for five days after the injury, so that no examination of the condition of the eye was made. The lids were not in the least injured from the blow. Cold water cloths were continually laid over the eye until the swelling was all gone, when he was sent to me, nine days after the injury, in the following condition:—

Lids free from any swelling, open well and freely; ocular conjunctiva somewhat injected, particularly peri-corneal. About 3 to 4 m.m. inside of the edge of the cornea there is a vertical incision in the sclera, of 3 to 4 m.m., which is in fine process of healing. The upper part of the iris is torn away from its ciliary attachment and falls a little down, causing the top of the pupil to be straight instead of arched. The anterior chamber and pupil are perfectly clear; all hemorrhage which must have been there was entirely absorbed. Vision $\frac{4}{c}$ No pain either in the eye or over the brow. Ophthalmoscopic examination shows quite a peculiar and extended rupture of the choroid. A yellowish white band is seen starting out just above the optic disc, rising in a curve forming an arch across the top of the disc, then falling down in a curve to a little distance below the lower edge of the papilla, along the line of which the edges of the ruptured choroid can be plainly distinguished. For some distance around the rupture there is a choroidial hemorrhage which can be well mapped out.

See accompanying figure.



The retina is in proper position, the vessels running over the ruptured choroid in their normal condition. There is no effusion into the

vitreous. The artificial leech was applied to the temple, the cold water applications over the eye still continued, and iodide of potassium given internally.

October 9th. The wound in the sclera is completely healed; the ocular conjunctiva has the normal healthy appearance. The hemorrhage around the rupture in the choroid much lighter in color and reduced in size. The ruptured edges sharp and well defined. Vision improved to $\frac{20}{cc}$ and reads No. 13 Jäger's test types.

November 10th. Choroid has still a more normal appearance. Vision increased to $\frac{20}{c}$ and reads No. 5 Jäger's types.

December 15th. Choroidial hemorrhage all absorbed. Vision still improving $\frac{20}{L}$ reads No. 4 Jäger's types. Was now allowed to return to school.

Phosphatic Degeneration of the Cornea.

D. M., aged fifty-three years, came to my clinic at the Wills' Eye Hospital, February 25th, 1873, complaining that with the left eye "he could not stand the light, move the ball, nor open the lids, without a great scratching pain." On opening the lids to examine the eye no inflammation of the conjunctiva of either the lids or bulb, nor peri-corneal injection, was present, but a translucent infiltration was seen running in a horizontal line across the centre of the cornea, from the inner to the outer edge, and completely covering the pupil. The opacity was of cone shape, with the base at the inner edge and apex at the outer one. On the upper edge or line, immediately over the upper border of the pupil, there was a point slightly raised and of a shining crystalline appearance. There is an utter impossibility to open the lids without pain from the light, and a feeling as if a foreign body was in the eye.

The history given was that the vision had been getting dim for some time back, but had had the photophobia only a few weeks previously to his presenting himself at my clinic. He has suffered much from rheumatism in the hips and back at times, otherwise healthy. Had been infected with syphilis some twelve or fifteen years ago.

To remove the scratching feeling, I lifted the crystalline point off with a needle, which gave instant relief. Placing this under the microscope, it showed itself as a collection of beautifully formed small, transparent and semi-transparent crystals 1 m.m. long by 0.80 m.m. wide.

Aug. 14, 1873. A new deposit of crystals has begun to form in the same place from which the above was removed. He was admitted this day into the hospital, for observation.

September 2, 1873. It has increased to about the size of the previous one, so I determined to remove it for chemical and microscopical examination.

On account of the very great sensitiveness of the eye, the patient was etherized. The crystal was delicately lifted off, after which I examined the diffused translucent infiltration in the cornea, and found it to be just under the epithelium, and would scale off in thin broad plates. I removed it all By chemical examination it was found to contain phosphate and carbonate of lime. The larger and thicker deposit was found, under the microscope, to be, like the first one, a collection of small transparent and semi-transparent crystals, 1 m.m. long by 0.50 m.m. wide. While under the anæsthetic the fundus of the eye was examined with the ophthalmoscope. The cornea not being perfectly transparent, a perfectly defined view could not be obtained. However, two irregular light pinkish spots or plaques could be discovered in the choroid. There were no collections of pigment around them, or anywhere to be seen. They had not the appearance of inflammatory or of atrophic spots. Acid treatment was ordered. Sulphuric acid given internally, and the cornea touched daily with acetic acid diluted.

November 1, 1873 Under the acid treatment the eye has improved daily. The cornea is clearing. Being nearly transparent over the pupillary region.

January 1, 1874. Still improving; can open the eye freely and steadily. The light does not affect it.

March 1, 1874. Returned with the scratching feeling again. A new plate of crystals is forming in the lower line of the pupil.

April 7, 1874. Removed the plate, and placed it under the microscope for examination, when it was found to be the same as the previous ones, above described.

The only case I know of, of this nature, is mentioned by Bowman, in his lectures, of one in which "he removed from under the epithelium of the cornea a deposit of a salt of phosphate and carbonate of lime, which had formed in the course of several years without any inflammatory action."

Glaucoma Simplex, with a Diffused Brown Infiltration in the Cornea.—Absorbed after Iridectomy.

Some peculiar forms of cloudiness of the cornea have been noticed in cases of glaucoma, supposed to have been caused by the intraocular pressure. V. Graefe, in his writings in the *Archiv für Ophthalmologie*, speaks of two different forms that may be seen in connection with secondary glaucoma. The first of which is a sclerous infiltration, which is not relieved by iridectomy. The second is a circumscribed rectangular ribbon-form opacity. Schiess-Gemuseus, in the *Klinische Monatsblätter fur Augenheilkunde* x Jahrgang, p. 332, describes another form, "being a uniform cloudiness spreading over the whole of the cornea without any change in the epithelium, as in diffused keratitis," which he observed in a case of glaucoma simplex.

As these cases are rare and of importance, I present the following case that came under my observation, as being still another new form of infiltration in the cornea in glaucoma which was entirely absorbed after the operation of iridectomy.

Mrs. A., aged forty-four years, consulted me October 11th, 1872, about a mist or cloud before the sight of the left eye, which had been troubling her since the recovery from an attack of variola the June previous. From outward appearances, at first glance, nothing could be seen to indicate any disease of the eye. There was no inflammation of the conjunctiva, no peri-corneal injection, no pain, nor had there been any during the attack of variola. The surface of the cornea had its natural shining appearance. The vision was found to be reduced to $\frac{20}{L}$. The tension of the ball was considerably increased, T+1. The fundus of the eye could not be defined with the ophthalmoscope, as there was a thin brownish tinted cloud in front. By minute examination this cloud was found to be a brown colored infiltration spreading in the centre of the cornea, while the periphery was still clear. By concentrated light from a convex lens it could not be well distinguished over the pupil and naturally dark hazel iris, on account of its color being of the same tint. The right eye was found normal; vision $\frac{20}{XX}$; no increase in tension.

November 4, 1873. Complained that the vision of the right eye was not so clear as it formerly was, and that she had suffered pain in both eyes at times since she last consulted me. The pupils of the eye were somewhat dilated. The tension had increased in either ball to T+2. There was no peri-corneal injection. With the ophthalmoscope the central artery of the retina in the right eye was plainly seen pulsating, but the optic nerve was not cupped. Vison reduced to $\frac{20}{XL}$. The field of vision somewhat reduced in the inner and upper side. The fundus of the left eye could not be distinguished. The brownish infiltration in the cornea somewhat denser, and could be seen more distinctly than when first examined. Vision $\frac{20}{LXX}$.

The increased tension, pulsating artery and decrease in the field of vision being marked symptoms of glaucomatous trouble, an early iridectomy was recommended, which I made the following day.

November 5. The patient being well etherized, a large iridectomy was made in the upper section on either eye. There was no hemorrhage into the anterior chambers. Both healed well in a short time.

November 15. Tension either eye normal. Vision right eye $\frac{20}{XXX}$. Left eye, the cloud still before it, but less dense.

December 1. The infiltration in the cornea of the left eye nearly all absorbed. Vision this eye $\frac{20}{L}$.

December 17. The cornea of the left eye perfectly clear. Vision $\frac{70}{XL}$. Right eye, vision $\frac{20}{XXX}$. The fields of vision normal. From the absorption taking place so readily and completely after the iridectomy, there is no doubt, in this case, that the corneal infiltration was caused in some way or another by the increased intraocular pressure.

RARE CASES IN SURGERY.

BY CHARLES G. POLK, M.D.,
Of Philadelphia.

The following cases illustrate more especially the great tenacity of life with which some men are endowed, rather than the value of any mode of treatment.

In the battle of Grahamville, S. C., a soldier of the 127th Regiment, New York Volunteers, was struck about the centre of the left parietal bone by a conical ball, which passed about half way of its length through the opposite parietal. I extracted the ball with some difficulty. Not an unpleasant symptom followed, although the

brain exuded both at the point of entrance and its extraction. In the same engagement another soldier was struck by a ball about an inch posterior to the right eye, which severed the optic nerve, and passed to the opposite side of the head or face. We (several medical officers), supposed it lodged about the left antrum. No brain symptoms were manifest. About the same time Dr. Charles T. Reber, then Surgeon U. S. V., amputated a leg in the middle third of the thigh. The man was a patient of mine. Although the man's condition was very unpromising, the flaps (it was a flap operation) united within two weeks, with scarcely a trace of suppuration; almost adhesion by the first intention. I think there was no unusual management.

All the above were treated by me in Ward D, Hilton Head Hospital, in December, 1864, while on temporary duty there.

The following case has more practical interest.

Corporal Frederick Ott, Company E, 93d Pennsylvania Volunteers, was wounded on the 25th of March, 1865, in the battle of Fort Steadman; was admitted into Ward 6, Finley Hospital, April 4th, and came under my charge. He was writing a letter when I first saw him. Upon examination I found a bullet wound an inch and a half below the elbow joint. The hole extended to the ulna, but there was no fracture at the point of impingement. Mr. Ott showed me the ball which had inflicted the wound, and which he said he found in his shirt sleeve. Regarding the wound as trivial in its character, I ordered water dressings, and gave it no interest for nearly a week. One day one of my nurses called my attention to the case, and, to my surprise, erysipelatous inflammation had supervened upon the wound. A careful examination of the wound revealed the fact that the olecranon process and the head of the humerus were broken in several pieces. His system was very much depressed, and resection out of the question until the complication could be overcome. I placed him on the tincture of iron and the sulphate of quinia, with local applications of lead water and opium. This treatment was successful in abatement of the inflammation, but, in the meantime, symptoms of a graver import had supervened. The complexion had become of a yellow, waxen, cadaverous hue, the eyes were dull and sunken, the pulse rapid and feeble, with marked vital prostration. On auscultation the middle and upper lungs betrayed the presence of serious lesions, while a hacking cough worried him very much. My mistake in diagnosis had proved a very unfortunate one. My patient had pyæmia, and it seemed as if the thread of life was to be soon broken. Although an operation was condemned by the other members of the staff as the "refinement of cruelty," the articular terminations of the ulna, radius and humerus were removed on the 6th of May. I immediately prescribed

℞.	Liq. amm. acet.	℥ivss.
	Spts. æth. nitrosi	℥ss.
	Morphia sulph.	gr.j.
	Ant. pot. tart.	gr.j. M.

Sig. Tablespoonful every two hours, in an ounce of camphor water.

Visited him at 8 P.M.; found him suffering considerable pain; ordered a drachm of the solution of morphia to be added to each dose Saw him again at midnight; he was sleeping calmly; discontinued the extra drachm of morphia, and ordered the mixture to be given every three hours; found him more comfortable than anticipated, but very weak; the cough quite troublesome; continued cold water dressings to the wound, and ordered Barham's iron mixture, in drachm doses, every three hours.

He is quite comfortable this morning; the wound looks much more healthy; the suppuration, which had heretofore been acrid and offensive in its odor, is much more laudable; applied a flaxseed poultice to the wound, and ordered him to take one drachm of the syr. phosph. iron, quinia, strychnia, with ammonium phosphate, every four hours, in a wineglassful of water. From this time the case progressed to a cure without a drawback; the false joint was nicely formed; and the final result was the best I have ever seen obtained by myself or any one else in resection of the elbow joint.

I presume Mr. Ott is still alive, and I would be very thankful to him or to any one else for his address. The shattered olecranon and the ends of the radius and humerus constitute specimen No. 4287, of the Army Medical Museum.

Reaction of Oleum Menthæ.

John has observed that when oil of peppermint is brought into contact with chloral hydrate the mixture soon turns red, and finally acquires a dark cherry red color. The tint is not destroyed by boiling, and is intensified by sulphuric acid. Other ethereal oils tested failed to give the same reaction.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE, STATED MEETING, May 21st, 1874.

DR. AUSTIN FLINT, PRESIDENT.

Some of the Injuries of Brain and Nerves—Their Sequences and Treatment.

By Dr. Willard Parker.

I only intend to make a few remarks, the results of my own observation during a practice extending for quite a number of years, on some of the injuries of the brain and nerves I do not intend to touch upon the sympathetic system; I leave that for those who know more of the subject than I do.

I will first mention a class of cases that fall under the observation of the majority of practitioners; I mean the injury received by children from falling on the head. After the injury the child grows pale and vomits; possibly it may faint. The mother asks, in great alarm, Doctor is there any danger? Now we should have some basis on which to ground an opinion. It is important to know, Has the child vomited or not? did it sleep after the injury, and if he did, did he wake up clear? What part of the head was injured? Are the parents healthy? If the child's parents are healthy, if the child has not vomited, and if it woke up clear and intelligent after sleeping, the prognosis is good. The child should be allowed to sleep and obey the voice of nature Some insist on keeping the child aroused, but it is not proper treatment.

Bloody Tumors of Scalp.

Bloody tumors of the scalp are of two kinds. First, that occurring in new-born children, and Second, that due to extravasation of blood from injury. The first question asked is, is there any danger? and answering it we must be guided by the same class of symptoms that occur in the previous class of injuries to the head. If there is no lesion to the brain, my own experience is to let them alone. I recollect one case of a child of about ten years of age who had the head injured at school. Extravasation took place beneath the scalp, over the frontal and parietal bones, to such an extent that it resembled a case of chronic hydrocephalus. That case recovered perfectly without interference. But when it was getting well there was an intolerable fetor that arose from it.

Laceration of Brain without Concussion.

There are two classes of laceration of brain which may occur without concussion or compression. First, that made by a pointed instrument. Second, that caused by some force striking the head at a tangent. The first class will be very liable to deceive young practitioners, for, during the first twenty-four or forty-eight hours no disturbance arises, and there is a strong temptation to render a good prognosis. But it is best to be guarded, and it should be the rule not to dismiss the case before clearing away the fragments, and if necessary make a clean incision down to the injured bone and remove any penetrating fragment that may be detected. Meet inflammatory advances by antiphlogistic measures, such as a diet of fruit and farinaceous substances; but the agent to be relied upon is the lancet. The profession must swing back to the judicious use of this powerful agent. It may be true that our forefathers in medicine used this injudiciously, but my decided conviction is that we have none to take its place. As a local dressing to the injury, cold water answers all indications. I call to my mind a remarkable case of this variety of injury of the skull and brain, that occurred in a child. Shortly before, some rose bushes in the garden were cut away, leaving the stumps sticking up; the child fell down and struck her head so as to cause one of these stumps to penetrate her brain. She did not complain of it specially at the time, nor indeed for a day or two, but at the end of that time inflammatory trouble arose, and on the fifth day she died of tetanus. It was not thought, at the time of the injury, that any treatment was necessary, nor was the wound explored. As I said before, so I say again, do not dismiss this class of cases before making a searching and thorough examination

The second class is the reverse of the first; when seen after the injury they look shocking. The laceration is caused by some body striking the head at a tangent. Forty years ago I met a case of this kind where a horse struck the anterior portion of the calvarium with his hoof, and tore away part of it, and loosened the orbital plate. There was but little concussion in this case; I saw him after twenty-four hours, cleaned out the wound and left him to himself, without any great hopes of his recovery, but he did recover, with some sloughing of the brain substance.

There was another case of a similar nature, where a man was hurt by a blast. I found him sitting by the fire with his head in his hands; he looked up and said, are you the doctor? I examined the case and found quite an extensive laceration of the brain substance. The wound was cleaned out, and beyond a certain amount of sloughing of the brain no further difficulty ensued. As I said, in this class of cases the prognosis is good. It is only necessary to clean out the wound and keep the patient quiet.

Traumatic Epilepsy.

Injuries of the upper part or convexity of the brain usually cause convulsions, whereas, on the lower part, vomiting is the general result. As a result of injuries of convexity we are liable to have epilepsy coming on some time after the injury. The operation of trephining, though sometimes successful, cannot always be relied on. I met a case of traumatic epilepsy, where, assisted by Dr. Sands I removed a button of bone, and found on the under surface a slight excrescence about half the size of a grain

of rice. This operation relieved him, but did not effect a complete cure. After six months I determined to tie the carotid artery on that side. He was relieved again. Ligating the carotid is an old practice in this disease, and in this case it proved very satisfactory, for it is now twenty-six years since the operation, and he is quite well. At times, when excited, there is a tendency to a convulsive seizure resembling the *petit mal*, but on the whole the result must be considered good. Another case was operated on, and little if any benefit resulted. In those cases, after they have been injured, a sensitive place remains on the skull, and this forms the guide for operation. In a case of a man who was hit on the head by a hat stand and had resulting epilepsy, an incision was made down to the bone, and irritation kept up in the wound; by degrees the patient recovered. It will frequently be found that if an epileptic receives an injury, as a burn, so long as it is healing he will not be troubled with convulsions, and when it is well the convulsions reappear.

Injuries to the Nerves.

In injuries to the nerves my views have changed since I began practice. I think now it is better, in case of severe pain, the result of injury to the nerve, to go down and remove the cicatrix or cause of the pain. Thirty six years ago I saw a patient with a part of a needle in the ball of his great toe. He received the injury walking across the carpet. It was vainly endeavored to remove the needle at the time When I saw him I tried to remove it, but failed. He was then suffering very severe pain, and it was decided to cut out a section of the posterior tibial nerve, which was done. For a period of six months after this operation he was completely cured, but at the end of that time he was worse than ever. It was then thought that his only permanent relief consisted in having the leg amputated. The patient readily consented to this, and afterward no further pain was felt. In a similar case of injury to the nerve by a needle I failed to get the fragment out, and had recourse to the same operation of exsecting a portion of the nerve, but this time with permanent success. But as I have said, my view at the present time is that it is the better plan to go down to the seat of injury and remove it. If I had done so in the first case I should have saved the leg to the patient.

Concussion of the Nerves.

The symptoms that guide us in concussion of the nerves are excessive sensibility of the limb, with a lower temperature than normal. I met one case where a diagnosis of inflammation of the knee-joint had been made, and the after history of the case proved that none existed. However there had been severe injury to the limb. I have made many mistakes in this class of cases, and I believe many others do the same. The treatment to be pursued consists in shampooing the limb and keeping artificial warmth applied. Electricity also should be used.

NEW YORK COUNTY MEDICAL SOCIETY, STATED MEETING, May 25th, 1874.

DR. ELLSWORTH ELLIOTT PRESIDENT.

Hydrophobia.—Its History and Sanitary Treatment.

By Dr. Chas. P. Russel.

Dr. Russel confined himself mainly to the history of the disease in the dog and other animals affected with it. He referred to its mention and description by Hebrew historians, and to the fact that Theocritus and Plato observed it in wolves. Virgil and Ovid refer also to it in their writings. It is commonly supposed that if a dog drinks water he does not have hydrophobia. This is not so, for a dog affected with the disease is able to drink without any difficulty. In man, on the other hand, water causes laryngeal spasm, hence the name given to the disease and to the error in respect to dogs. Much discussion exists as to whether the disease arises *de novo* in dogs or is the result of inoculation. This, like syphilis and other diseases of the class, can never be settled satisfactorily, but one thing is certain, that in man it is the result of inoculation. Dogs are not the only animals susceptible to it, for it has been noticed in foxes, wolves, raccoons, cats, and others. There have been described two varieties, but inasmuch as the symptoms differ at different stages of the disease it is hard to decide the matter.

During the first stage of the disease the most noticeable symptoms are melancholia, an irritable disposition, with a tendency to grasp at objects, costiveness and vomiting. The dog has a morbid appetite, will eat his own dung and anything else that may come in his way. The dog is also delirious, and manifests it by snapping at invisible objects. He may also have strabismus. A most important sign is the change in the voice, which, beginning with the ordinary bark, ends in a howl. The value of this sign was proved in Paris, where two students of the veterinary school coming home late at night, heard the howl of a dog in a neighboring house. They searched the dog out and explained the matter to its master. He was wise enough to heed their counsel and in a few days pronounced hydrophobia developed. The second stage of the disease is *rabies*, the third stage *paralysis*. During the period of rabies the dog will pass a traveler on the street unless he is attacked. He seeks for water, and is so insensible to pain that he will mutilate himself. During the later stage he becomes feeble, mouth is open, and there is loss of power in the voluntary muscles.

The disease lasts from four to ten days. Delicate animals die early. It is an erroneous impression to consider hydrophobia a disease of hot weather; it may develop at any time, and, according to some statistics, it was more prevalent during May and September than any other months of the year.

Treatment.—The most important sanitary measure consists in diminishing the number of worthless curs Muzzling is beneficial also. Dr. Gouley, of Paris, found by removing the points of the teeth, either by the file or by nippers, that the dog was unable to injure the hand when protected by a glove and if the bare hand were presented it is supposed that the teeth could not penetrate the epidermis. This method of treatment might be practiced on all dogs as a sanitary measure, as it would not interfere with them in eating their food. If any symptoms of hydrophobia appear they should be kept in confinement till it be decided whether or not they have the disease. When either a dog or a man has been bitten the wound should be thoroughly cauterized with either nitrate of silver or nitric acid.

Dr. Garrish was of the opinion that belladonna and assafœtida internally, with ice bags to the spine, constituted the best treatment when the disease had developed. In the West, elecampane is a valuable remedy. The doctor was of the opinion that tracheotomy would prove of advantage, with free doses of chloral.

Dr. John C. Dalton.—I have never met, so far, with a case of true hydrophobia in a dog, and am of the opinion that nine-tenths of them are nothing more or less than canine epilepsy. If a dog has a convulsion, and, recovering, has a stupid appearance, the cry of mad dog is sufficient to electrify all who are near. I saw a case of this kind yesterday, while looking out of the college windows. The most important treatment, as has been suggested, is to remove the suspected animal to safe quarters, and keep him until the question of disease is settled. A most unfortunate circumstance connected with the disease is the long suspense that a person has to endure when bitten by a dog either mad or suspected to be so. An important fact, as has also been noted, is the tendency of dogs affected with the d sease to swallow all substances within their reach. A playful dog will simply tear what he gets hold of, but will not swallow it.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, April 8th, 1874.

DR. H. KNAPP, PRESIDENT.

Artificial Joint—the Result of an Operation for Excision of the Head of the Femur.

Dr. Lewis A. Sayre presented a specimen of artificial ilio-femoral joint, with the following history. On the twenty-first of January, of this year, at a meeting of this society, he presented a portion of the head of the femur which he had removed that day from the patient who furnished the present specimen.

Five years before, she fell and injured the hip, and from that time the disease of the joint began. This disease had been treated constitutionally with bichloride of mercury and bark, but no improvement took place in the symptoms. At the time of the operation the patient was greatly deformed with sinuses opening on the sacrum and around the hip; and, on January 21st, she was operated on, and to-day, eleven weeks from that date, she died of prostration. The specimen is of great interest; not only from the rarity of it, but also from the efforts at repair and formation of an artificial joint when there was such extensive exhaustion.

On examination of the specimen we find that, although four or five inches of bone had been removed at the operation, there yet remained two or three inches of necrosed bone on the outer side of the shaft of the femur. On the inner side of the femur there was a new formation of bone which extended up, and at its extremity, which was in contiguity with the ilium, we see the effort of nature to form a new head. This is expanded, something like the head of the humerus, and is furnished with a fibro-cartilaginous covering. At the operation, the diseased bone of the ilium was dug out, and now there is a new acetabulum covered in with tissue somewhat resembling that on the head of the femur. It is almost entirely restored. An abscess had perforated the acetabulum, and made its way posteriorly so as to open at the back of the sacrum. This case shows clearly the benefit of an early operation before so much bone is involved, and shows also how much we may hope for even when the patient has suffered for five years, as was the case in this operation.

Difficulty of Recognizing a Calculus in an Empty Bladder.

Dr. Salvator Caro presented two specimens of calculus from women The first one was from a patient seventy-five years of age. Three years before the operation she went under medical treatment, and was found to have cystitis. Dr. Caro was her third physician, and examined her for calculus, but failed to find it, though she was under observation for six months. She then passed into the hands of another medical man, who had no better result than Dr Caro. She returned to him after some time, and wished to have injections of salt and water tried with her. Her request was acceded to, and it was found that, after injecting the bladder, and in the process of withdrawing the catheter, a stone was detected. The bladder was then emptied, and a sound introduced, but no sign of a calculus could be discovered. On another occasion the salt and water injection was again used, when the clink of the stone was again detected. It was found then, that, if the bladder was full, no trouble was experienced in making the diagnosis. The urethra was now dilated with sponge tents, and on the fourth day the calculus removed. This stone weighed seventy-five grains, and it was estimated that it lost about twenty-five grains during the operation. The point of special interest in the case was the fact that it could not be detected unless the bladder were dilated, the walls of the bladder involving it and preventing the sound from reaching it.

Dr. Erskine Mason mentioned a case that occurred to Dr. Gross, of Philadelphia. He had

examined the man and found evidences of stone, but as was his custom, he examined him again before operating. There then was no sign of calculus, but so certain was he of its presence at a former examination that he determined to do the operation of cystotomy if nothing else. At the operation he discovered a calculus of quite large size.

Dr. Caro presented a second specimen of stone. The patient had never given a history of bladder trouble before sending for the doctor. When Dr. Caro arrived he found that whilst the patient was passing her water, suddenly it stopped, and on making an examination found that a stone about half an inch in length was projecting half way out of the urethra. By the aid of a dressing forceps it was readily extracted.

Chronic Meningitis Mistaken for Softening of the Brain.

Dr. Ward presented specimens, consisting of the brain, heart, with a portion of the lungs, from a patient who gave the following history. The patient was well advanced in years and had been ailing for many years.

During 1861 complained of headache, but that passed away and was comparatively well till 1865, when the pain in the head returned. This time he was confined to bed, but in four or five months was pretty well over it. In 1871 the pain in the head again returned, and was accompanied by loud noises, at times resembling thunder, at others that of rushing water; again, would think he heard pistol shots. From this he went from bad to worse, though at times there would be intermissions, but there were no intermissions to the noises in the head. At times he would show signs of insanity, and would have a strong temptation to commit suicide. Again for months he would sit in his chair and twirl his thumbs, at other times he would take fits of reading books that when he was well he showed no interest in From April, 1872, to April, 1873, everything was a perfect blank to him, and for fifteen months he was unable to write. He was interested in a mercantile establishment, and when his business demanded his signature his friends were compelled to guide his hand to make his mark. After this he rallied, and was able to make his mark without any trouble.

Dr. Ward's professional acquaintance commenced with him last February, when he was called in to draw his water off. He was then complaining of pain in the head and bowels. On the seventeenth of March he was called to see him as his regular medical attendant, but there was but little change. He continued up to April 2d, when he died. Four days before his death he lost his sight, but showed no other special symptoms.

Autopsy.—Brain—The dura mater was thickened and inflamed. Veins of the pia mater injected. The arachnoid was thickened, and beneath it there was what appeared to be portions of a false membrane. Gray matter was indistinct. No softening was discoverable over any part of the surface or when it was cut into. The vessels at the base of the brain were atheromatous, so also were the carotid innominate and subclavian arteries. There was a large amount of liquid in the ventricles and cavity of the arachnoid. The weight of the brain was fifty-two ounces. The heart was diagnosticated to be diseased, but at the autopsy no trace was visible. The valves, as proved by the hydrostatic test, were found to be perfect The most interesting point in the history of the case was the fact that the diagnosis of softening of the brain had been so frequently made, and never once chronic meningitis suspected.

In answer to the President, Dr. Knapp, Dr. Ward said he regretted that the eyes had not been examined by the ophthalmoscope. Dr. Knapp stated that some time ago he had observed a similar case where hemiopyia was noticed, and at the post-mortem it was found that the chiasm was pressed on by the vessels at the base of the brain. Dr. Ward said that when he entered the society he presented a case of cancer of the brain, with hemiopyia; the peculiarity of the case was that when the patient sat up he could not see, but when lying back on the bed he was able to see. This was accounted for at the autopsy by finding a cancerous tumor so situated that when the patient sat up it pressed on one side of the optic tract.

Caries of the Dorsal Vertebræ.

Dr. Erskine Mason presented a specimen for a candidate. The history of the case was one of progressive caries of the vertebræ, together with paraplegia and anæsthesia of the lower extremities. The patient had been an inmate of the Hospital for the Ruptured and Crippled, and improved there under treatment. It was noticed, however, that anteriorly in the neck a tumor developed, which apparently broke into the bronchi. Eventually the patient succumbed and died. The specimen was an excellent one of caries of the dorsal vertebræ, the seventh and eighth being almost entirely gone. The site of an abscess was discovered in the posterior mediastinum connected with the diseased vertebræ.

Cancer of the Conjunctiva—the Result of Injury.

The president called Dr. Mason to the chair, and presented a rare specimen of epithelial cancer of the conjunctiva. A rare specimen of a rare case.

The patient had been sent to Dr. Knapp from the country. He was about seventy years of age, and had been struck with a chip on the outer side of the cornea. After the injury he got better, and, when several months had elapsed, noticed that a small tumor was developing at the seat of the injury. After four or five months this had encircled the cornea, and gave rise to intense pain. Last May the eye was removed. An examination of the specimen by the microscope proved it to be that rare form of disease, epithelial cancer of the conjunctiva.

Dr. Knapp explained on the blackboard how

the cancer cells extended into the tissue of the cornea by first involving the nearest cornea corpuscle, dilating that, then, as all these cornea corpuscles, nearly, are connected together by their extremities so as to appear like a web, it follows that, sooner or later, all, or nearly all of the corpuscles will be dilated with this cancerous material.

Dr. Knapp also showed several microscopic specimens, showing the union of healthy and diseased tissue. There was one specimen in particular, under a well defining instrument, where a yellow band of cancerous cells had extended far into the corneal tissue. The epithelial cells of the cancer were well made out, and proved clearly the mode of extension of the disease, indeed, nearly as much so as the diagrams on the blackboard.

CHENANGO COUNTY MEDICAL SOCIETY.

The Semi-annual Meeting of the Chenango County Medical Society was held at the Eagle Hotel, Norwich, on Tuesday, June 9th, 1874.

Present, Drs. G. W. Avery, R. B. Prindle, J. D. Guy, A. C. Hazard, M. D. Spencer, J. W. Thorp, E. S. Lyman, H. C. Lyman, C. M. Purdy, D. W. Crumb, E. Odell, W. H. Stewart, J. V. Lewis, B. J. Ormsby, C. M. Myers, W. H. Beardsley, J. T. Jameson, Wm. D. Purple, S. F. McFarland, H. Harris, Wm. H. Kinnier, H. Halbert, S. M. Hand, H. K. Bellows, B F. Beardsley, L. E. Thorp, H. H. Beecher, H. M. Smith, D. White, D M. Lee, Fort Van Keuren.

The society was called to order by the president, Wm. H. Stuart. The minutes of the last meeting were read.

On motion, Drs. S. Maxon and S. W. Root, of the Madison County Society, were invited to participate in the proceedings of the session. Drs. E S. Lyman, C. M. Purdy, and J W. Thorp were appointed members of the business committee.

J. F. Mosier was elected a member.

Drs. G. W. Avery, Wm. H. Beardsley, and R. B. Prindle were appointed a committee to draft resolutions on the demise of one of the oldest members of the society, Dr John Clark, of Guilford, said resolutions to be presented at the next meeting.

Dr. Wm. F. Beardsley introduced a case of inguinal hernia complicated with hydrocele. The application of a proper truss for the hernia, and the trocar, with iodine externally, for the hydrocele, were recommended.

Dr. J. T. Jameson read a paper on hernia. Remarking that science is often benefited more from a true history of unsuccessful cases than successful ones. The doctor quoted from a large number of cases seen by him in the hospitals of Edinburgh and London, as well as those observed in his practice in this country.

On motion, a vote of thanks was tendered Dr. Jameson for his paper, with a request that it be furnished for publication.

Dr. Maxon read a paper upon placenta previa, followed by fatal hemorrhage.

Dr. McFarland exhibited a case of cataract, with a view to illustrate the good results of De Graffe's operation.

Dr. Lee presented a specimen of calculous formation of large size found in a schirrus stomach during an autopsy. Other cases were presented by the several members, all of which elicited more or less discussion.

On motion, the society adjourned to meet at Norwich, on the second Tuesday in October, 1874.

D. M. Lee, *Secretary.*

Editorial Department.

Periscope.

Cholera and Sun Spots.

Mr. G. B. Jenkins recently read, before the Historical Society of London, a remarkable paper on cholera, in which he maintained that the disease is intimately connected with auroral displays and solar disturbances. "I believe that I am able to show that a remarkable connection exists between the maxima and the minima of cholera epidemics and of solar spots. You are all probably aware that the great astronomer, Schwabe, discovered that the sun spots have what is called a ten-year period; that is, there is a minimum of spots every ten years. It was also discovered that the diurnal variation in the amount of declination of the magnetic needle has a ten-year period. The same was proved in regard to earth currents, and also auroræ. The maxima and minima of the four were found to be contemporaneous. This was a great result; but Prof. Wolf, on tabulating all the sun spots from the year 1611, discovered that the period was not ten years, but 11.11 years. This period is now the accepted one for the sun spots, and it has been established for the magnetic declination, and by Wolf for the auroræ. Now, it is a curious fact that the last year of every century, as 1800, has a maximum of sun spots, so that the minima are 1800, 1811.11, 1822.22, 1833.33, etc. The maxima do not lie midway between the minima, but anticipate it by falling on the year 4.77 after a minimum; for example, 1800 was a minimum year, then 1804.77 was a maximum year. Now, cholera epidemics have, I believe, a period equal to a period and a half of sun

spots. Reckoning then from 1800, we get as a period and a half the date 1816.66, which was shortly before the great Indian outbreak; another period and a half gives 1833.33, in which there was a maximum of cholera; another, 1849.99 that is, 1850, a year having a maximum of cholera; another, 1866.66, a year having a maximum of cholera; another, 1883 33, as the year in which there will be a cholera maximum. It follows from what has been already said that 1783.33 would be a year in which cholera was at a maximum. Now it is a fact that in April, 1783, there was a great outbreak of the disease at Hurdwar.

"I am not, however, prepared to say that sun spots originate cholera; for they may both be the effects of some other cause, which may indeed be the action of the other planets upon the earth and upon the sun.

"My own opinion, derived from an investigation of the subject, is that each planet, in coming to and in going from perihelion, more especially about the time of the equinoxes, produces a violent action upon the sun, and has a violent sympathetic action produced within itself, internally manifested by earthquakes, and externally by auroral displays and volcanic eruptions, such as that of Vesuvius at the present moment; in fact, just such an action as developes the tail of a comet when it is coming to and going from perihelion; and when two or more planets happen to be coming to or going from perihelion at the same time, and are in, or nearly in, the same line with the sun, being, of course nearly in the same plane, the combined violent action produces a maximum of sun spots, and in connection with it a maximum of cholera upon the earth. The number of deaths from cholera in any year, for example, the deaths in Calcutta during the six years 1865–70, increased as the earth passed from perihelion, especially after March 21, came to a minimum when it was in aphelion, and increased again when it passed to perihelion, and notably after equinoctial day: thus affording a fair test of my theory.—*Scientific American.*

Recent Plans for Using Mercury.

Mr. Charles J. Cullingworth, of Manchester, England, has been studying the subcutaneous use of mercury in syphilis, etc. His paper is in the *Lancet*, May 23. He makes use of the following formula:—

℞.	Hydrarg bicyanidi,	gr. xij.
	Glycerinæ pur.	℥iv.
	Aq. dest. ad,	℥iv.

Medium dose, ten drops (containing 1-16th gr.), to be injected into the outer aspect of the upper arm, or, better still, between the spine and the lower angle of the shoulder-blade, every morning, or as often as required.

He claims for this method special and unquestionable advantages. They are these:—

1. The certainty and rapidity with which the symptoms disappear.
2. The small quantity of mercury necessary.
3. Exactness in the measurement of the dose.
4. Impossibility of disappointment through patients neglecting to take their medicine, etc.
5. Absence of gastric and intestinal irritation.
6. Economy in hospital use.
7. The avoidance of the publicity involved in using baths.
8. The means it affords of rapidly affecting the system in certain grave complications.

In the *Medical Times and Gazette*, Mr Bryant, of Guy's Hospital, gives a case illustrating the use of the drug in suppositories.

Mary A. B., aged 29, a married woman, was admitted into Guy's Hospital, under Mr. Bryant's care, on May 16, 1871, with a chancre on the upper lip, below left nostril. It appeared six weeks before as a pimple, and has gradually increased since. At present the chancre is the size of a sixpence, with raised edges, and a very indurated base. The glands beneath her jaw on the left side are indurated and inflamed, as are also those behind the sterno-mastoid muscle.

No history of contagion could be made out, beyond that she had been nursing a child that had been vaccinated and was covered with an eruption.

Mr. Bryant, having no doubt as to the syphilitic origin of the sore, ordered the suppositorium hydrargyri gr. v, to be used twice a day, with quinine mixture.

May 21. A papular specific eruption has appeared over her face and body.

31st. Chancre healing. Cervical glands less swollen.

June 2. Slight sore throat appeared.

6th. Gums slightly affected by the mercurial suppository. This is to be used only every night. Eruption fading; chancre healing.

9th. Eruption has almost gone. Throat better.

14th. Iritis appeared in right eye. Atropine drops ordered. Repeat suppository twice a day.

24th. Eye rapidly recovered; chancre cured; eruption appears only as a stain.

July 5. Left hospital, well.

It might be added that Mr. Bryant has for some years been using mercury in the form of the suppository, and he finds it a far more satisfactory way of using the drug than by the mouth; it acts well upon the disease for which it may be prescribed, and in no way injuriously affects or disturbs the digestive apparatus.

The Sarcotome; a Substitute for the Elastic Ligature.

Dr Hollis, of London, has invented an ingenious instrument with the view of cutting through the soft tissues of the body painlessly. It consists essentially in substituting, as a cutting apparatus, a waxed thread tightened by a spiral steel spring for the caoutchouc tubing which has hitherto acted as the elastic ligature. The spring is confined in a small metal tube closed at one end, and wormed as a screw at the

other, in order to receive externally a ring. A short cylinder sliding over the metal tube is fixed to one end of the spring by means of a screw passing through longitudinal slits in the sides of the tube. Lastly, a metal cap fits on the closed extremity of the tube, and the free end of the cap is formed into a ring of metal, so arranged that one opening is terminal and the other lateral. When arranged for use, the free extremity of the spring is forced against the closed end of the tube by means of the sliding cylinder. A waxed thread or other ligature is placed round the parts to be severed, the surgeon then passes the ends of the ligature through the terminal opening of the cap and out at the lateral one, and fastens the ends by a screw-nut fixed on the outside of the cylinder. The spring is next released by removing the ring, and its whole pressure is then exerted upon the ligature. The instrument weighs less than one and a half ounces, is about three inches in length, and capable of exerting a pressure of eleven pounds. The inventor claims for the sarcotome many advantages over the elastic ligature, inasmuch as the instrument can be used with any form of ligature, thus diminishing the risk of breakage. A constant known pressure may be kept up for any length of time by occasionally readjusting the ligature, and in the few cases in which it has been used by Mr. Callender the operations were absolutely painless. The weight of pressure is indicated by a graduated scale on the inner cylinder.

Diet in Dyspepsia.

In a lecture translated in the London *Medical Times and Gazette*, Prof. Leube discusses the best form of diet for dyspeptic patients, and insists on the maxim that "for a sick stomach there is no better diet than rest." However, it is not necessary to adopt such a maxim literally in most cases of dyspepsia, involving, as it does, the exclusive use of enemata; ordinarily, we may content ourselves by giving "easily digestible" food by the mouth. The relative digestibility of different foods has occupied the attention of many observers, without even yet being satisfactorily understood. We want still to know more of the relative share which is taken by the different parts of the alimentary canal in the process of digestion. It is not at all desirable that a dyspeptic patient should have food ordered him which is only digestible by the stomach. Foods which by their consistence and form mechanically irritate it do not cause so much harm to it as foods on which the gastric juice can act easily, and which therefore remain long in it. Individual constitution and the nature of the particular disease must be also considered in deciding on forms of diet.

It is probable that young veal, chicken, pigeon, boiled fish, and underdone beef are the most suitable foods for most patients. of course, with the exception of milk and eggs, which are the most digestible of all. Meat should be underdressed, not only because it becomes tough by much cooking, but because Fick has recently shown that the same gastric juice digests cooked meat three times as slowly as raw. Eggs should be taken soft-boiled, and not raw, for Leube has found by experiments on himself that their albumen is more easily digested when cooked than raw; and Fick has also shown that there is at any rate no advantage in the uncooked form over the cooked, so far as digestibility is concerned. Fat sauces must be abstained from, because they shield other food from the action of the gastric juice. The only vegetables which Leube allows are asparagus, young peas, and carrots, and mashed potatoes. Bread he gives stale. He usually forbids all alcoholic liquors.

A Novel Method of Extracting Deciduous Teeth

The editor of the Missouri *Dental Journal*, February, 1874, says:—

"Among the many useful little articles which it is always convenient to have at hand in a dental office, is small rubber tubing, in sizes from an eighth to a fourth of an inch. The uses to which it is adapted, viz:—as a means of separating teeth, holding the rubber dam on the molars or other teeth when central cavities are to be filled; as a dam, in connection with the napkin or bibulous paper when the Barnum dam is not at hand In correcting irregularities of the dental arch its use in various ways has suggested itself to the intelligent dentist. For this purpose it is an indispensable article with us; in fact we feel that we might say, without fear of successful contradiction, that any irregularity of the arch, no matter how great, can be corrected by a proper use and application of these little rubber rings and the silk ligature. But we have now to record a new use for this useful little article, namely, the extraction of the deciduous teeth. Some of our readers may perhaps know from sad experience the effect of leaving a rubber ring for a day or two surrounding the neck of a tooth. If it was an incisor or canine, you had the mortification of seeing your patient return with a very sore tooth, which was gradually being drawn from its socket. We have had a little experience of this kind, and it has taught us useful lessons. We have learned from it never to leave, for a moment, a rubber ring on a tooth which we did not desire to extract, without having a ligature passed through it to remind us of its presence. And again, if we desired to extract a deciduous molar for a timid child the rubber ring furnished the most convenient and ready means of doing it without pain, and to the great surprise and gratification of our little patient. All we found to be necessary in the case was to slip one of the rings over the tooth, force it gently under the gum and dismiss our patient with the injunction not to remove it. The tooth would gradually loosen and finally fall out, the rubber ring having surely, silently, and painlessly done the work of the dreaded forceps.

Quinine as an Oxytocic.

At a meeting of the Philadelphia Obstetrical Society Dr. Packard related the following case: A lady had been confined twice; both labors tedious, the shortest thirty-six hours long. Three weeks before the expected time of a third confinement she contracted a cold, for which he gave her quinine, six grains per day. Thirteen days before time he was again sent for, and found the patient in labor. Two points here suggest themselves: first, would any quantity of quinine produce labor? second, would so small a quantity? On examination the os was not dilated, though some water had come away. At 10½ P. M. he was sent for, and found the os sufficiently dilated to admit the fingers.

No change took place for the next two hours. At 2 o'clock Squibb's ether was given, the patient taking it herself. At 3.20 the child was born, and the placenta delivered.

As in this case the ether had the effect of dilating the os uteri, this fact is opposed to the idea advanced some years ago, that the administration of anæsthetics lessened the expulsive pains. He thought this case showed that ether will in many cases positively promote the expulsive powers of the uterus.

Dr. A. H. Smith had used quinine in patients exposed to miasmatic influences, in amounts of twelve to twenty-four grains daily, and had never seen any uterine action set up previous to labor. After labor has begun, then it may act as a stimulant, precisely as other stimulants. He had seen the uterine contractions increase in frequency and intensity, but not to any greater extent than we would have from the use of any diffusible stimulant. He had seen no tendency in quinine to produce premature labor.

Dr. Packard referred to the different susceptibilities of people to the use of quinine. With some, cinchonism is produced by a few grains. There may be peculiarities also in regard to the uterus.

Drs. Taylor and Yarrow expressed the same views in regard to the use of quinine. They never hesitated to give it to their pregnant patients, when needed.

Reviews and Book Notices.

BOOK NOTICES.

Report of the Board of Health of the City and Port of Philadelphia, for 1873. pp. 255.

To statisticians the volume before us will prove a mine of great wealth. Everything is tabulated and formulated, the births, the marriages, the deaths. Every point is worked out to the most marvellous exactness. We quote: "The most popular age in marriage was between twenty and twenty-five." "Under the age of twenty there were only 41 grooms, but 1585 brides." We are given in detail an account of everything supposed to militate for or against the health of the good people of the city.

We congratulate Dr. Ford, who appears to have done a large share of the work, upon the faithful manner in which he has performed it, and the Board for the possession of so valuable a member. While we cannot find any fault with the personnel of the Board, we would suggest to those who appoint, that in the future a larger number of physicians of scientific attainments, and with leisure to attend to the work, should be appointed. Perhaps we have said too much, as we apprehend that a really useful body of men in any of the departments of our city government would be abolished as soon as discovered.

The Entailments of Alcohol; being the Annual Address of the President of the State Board of Health, of Michigan, Dr. H. O. Hitchcock. pp. 32.

Dr. H. first treats of alcohol and its nature, regarding it *not as a food*. Under the caption of "How Much Alcohol and Alcoholic Drinks are Used?" we are assured that as one fourth of the population of the United States are drinkers, *there is expended on an average* $200 *for each*. The pathological effects of the use of alcohol are carefully shown up, both from the views of the physiologists and hospital experience. He seems to regard the taste as frequently created by the use of tinctures and "bitters," so called.

The drunkard bequeathes to his offspring "mental debility, low and depraved appetites, weakness of will, loss of moral sense, vice and crime, insanity and idiocy." Dr. Howe, of Boston, says of three hundred idiots, very nearly one half were the children of habitual drunkards.

We cannot pursue this subject further, but would most earnestly commend this paper to the careful attention of all who love their fellow men, and desire the perpetuation of the race with full vigor and manhood.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 18, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

THE ELEMENTS OF LONGEVITY.

"With long life will I satisfy him," is one of the promises made of yore to the virtuous man. Asked of which disease he would prefer to die, a wit promptly replied, "Of old age." Restricted as are the enjoyments of the aged, and confident as they may be of a painless home in the Hereafter, they rarely or never feel quite ready when the Angel of Death sounds his summons. Like the Wanderers in William Morris' charming poem, "The Earthly Paradise," we all would

> "risk the rag, to find a happy land,
> Where at the worst death is so far away,
> No man need think of him from day to day."

We sympathize with, though we smile at, the Irish orator who exclaimed, "Tell me the land where men do not die and I will go thither to end my days."

According to the venerable Thurlow Weed, the region most nearly fulfilling this ideal is Monroe county, Pennsylvania. In a letter to the New York *Tribune*, he speaks of a judge there appointed to the bench after his eightieth birthday, who fulfilled the duties of his station with marked ability. He adds that the climate of that portion of Pennsylvania contributes to the longevity of its citizens. George Labar, a resident of Monroe county, is 112 years old. Mr. George Trivle, of Daleville, is the oldest landlord in the State of Pennsylvania, having kept tavern ever since licenses were granted by the Governor of the State, and is now, at the age of 109 years, proprietor of the hotel at Daleville. The ages of these two veterans are both well authenticated.

Monroe is a mountainous county, with numerous streams of fresh, pure water, the valleys having an average elevation of about five hundred feet above the level of the sea. The soil is gravelly or rocky, well drained and productive. A thorough investigation of this local question by some of our readers would be gladly published by us.

Dr. S. P. CUTTER, some years ago, in the New Orleans *Journal of Medicine*, made the sugges-

tion that as the common cause of debility and death in the aged is a chemical change of the tissues, especially a tendency to ossification and a general excess of the mineral elements of the body, that an appropriate diet, one deprived of mineral salts, especially the phosphates, would counteract this. Sugar, acid fruits, butter and fat he recommended; but milk, eggs, and hard water should be avoided.

This plan has some points of similarity with an interesting inquiry of a physician of London, Dr. JOHN GARDNER, who has just published a book on "The *Means of Prolonging Life After Middle Age.*" He differs from our friend Dr. BEARD, of New York, and puts the period of commencing bodily and mental decline at the age of sixty-three, which corresponds to the grand climacteric of the older writers, and is supported by general observation. By care and attention to minor ailments, as soon as they are felt, the duration of life may in many instances be greatly extended. Some of Dr. GARDNER'S suggestions are like those of Dr. CUTTER. For instance, he recommends not merely the use of the softest and purest water supplied by nature, but absolute abstinence from any water except it be distilled; the vapidity of which, he declares, can be removed by salinating it with carbonic acid gas; and he further proposes that this should be drunk at a temperature of 120° F., as at this heat it promotes the digestion and assimilation of food, and supersedes the use of aperient medicine, whilst it will equally correct a disposition to diarrhœa. It is also free from mineral constituents.

The occasional *rejuvenescence* of the extremely aged is a well attested fact which has as yet met no satisfactory physiological explanation, so far as we know. The eyesight loses its dimness, and spectacles are discarded; the hearing, long impaired by senile obtuseness, regains its acuity; a fresh crop of hair clothes again the head which for decades has been bald, and not gray locks, but of the color worn in early youth; even new teeth appear on the long toothless gums! If we could follow the functional changes which bring about these extraordinary revolutions we might be able to aid and hasten them, and thus postpone senility to an indefinite period. There is a field here worth working, and there are discoveries to be made in it quite as surprising as any yet told in the fairy tales of science.

NOTES AND COMMENTS.

Puncturing the Mastoid Cells.

Dr. J. P. Creveling, in the New York *Medical Journal*, says that for this operation the instrument he has used is an ordinary trocar, which he thinks possesses the following advantages over either the gimlet or trephine:—

1. There is less danger of injuring the internal table, an occurrence of no little importance to the operator or patient.

2. It is much more manageable than either a trephine or gimlet.

3. The operation can be performed in less time.

4. It is the only instrument required, the cutting edges of the trocar dividing the soft parts sufficiently for the escape of the contained fluid.

The Apothecary's Oath.

Who is the guardian saint of the apothecaries we do not know; but somebody has disinterred an ancient oath which formerly had to be taken by every French pharmaceutist. It runs thus:

"I take to witness, before all, God the Creator of the Universe, in three persons, that during the whole of my life I will observe that which follows:—

"I will live and die in the Christian faith. I will honor my parents. I will honor the physicians and masters under whom I have studied. I will never say anything that shall be injurious to the seniors of our order, or to others. I will adorn with my best the dignity of the art, and I will not reveal its secrets. I will do nothing imprudently nor through hope of gain. In acute sickness I will not give purgatives without the order of the physician. I will not touch the secret parts, except to apply remedies to them. I will keep the secrets of the patients. I will administer no poison, neither

will I allow it to be administered, even to my enemies. I will not give an abortive remedy, even to provoke the expulsion of a fœtus, except upon the order of a physician. I will not alter the prescriptions of physicians. I will never substitute one remedy for another without their knowledge. I will discourage the fatal practice of empirics. I will refuse to no person my legitimate assistance. I will not keep in my pharmacy stale or badly prepared medicaments.

"In making and observing these rules, may God assist me. *Ainsi soit-il!*"

That is not such an antiquated oath but that we should like to see it revived and—respected.

The Correction of Difficult Presentations by Manipulation.

At a meeting of the Philadelphia Obstetrical Society Dr. Parry read a paper on manipulation by the hand in correcting difficult presentations.

He advocated the introduction of the hand (the patient being thoroughly etherized) with the back to the hollow of the sacrum, grasping the head of the child firmly, and then, by lifting the head above the brim of the pelvis, the desired movement can be effected. If the presentation is a face, it can be converted into a vertex presentation. If the position be occipito-posterior, it may be changed by rotation above the brim of the pelvis into an occipito-anterior position.

Dr. Packard thought that in a face presentation it would be easier to introduce the hand with the back anteriorly between the child's head and the pubis, and then grasp the occiput and bring it down. He alluded to a case in which he had succeeded in thus changing the presentation from a face to a vertex.

The Diagnosis of Syphilitic Nerve Affections.

In his recent work on syphilis, Dr. Buzzard, of London, points out that though there may be no pathognomonic symptom of the specific origin of a nerve disorder, yet the peculiar grouping of the symptoms "may lead of itself to a probability but little short of certainty." And some points, three in particular, are specially noticeable: 1. The age of the patient. In young adults, free from heart disease and disease of the kidneys, syphilis should be suspected as the cause of nerve disorder much sooner than in patients of older age, whether older in years or only old in constitution. In connection with this point, Dr. Buzzard says:—"I have little hesitation in stating my conviction that, putting aside cases of injury, hemiplegia or paraplegia occurring in a person between twenty and forty-five years of age, which is not associated with Bright's disease, nor due to embolism (from disease of the cardiac valves), is, in at least nineteen cases out of twenty, the result of syphilis." 2. "The existence simultaneously of two or more grave lesions of the nervous system, not necessarily connected," is a condition of great significance; "it is exceedingly uncommon except as a result of syphilis, and very common in the disorders of the nervous system which are consequent on that disease." 3. "The existence of marked cachexia unexplained by evident disease of any of the viscera." These are sign-posts specially pointing to the existence of syphilitic infection.

The Inventive Genius in Woman.

Some misogynist, we forget whom, has asserted that a woman has never invented any really valuable mechanical device. We rejoice, therefore, to borrow from a cotemporary the fact that Mrs. Ella N. Gaillard, of San Francisco, a sister of Dr. Charles F. Neilson, formerly of the U. S. Army, has recently invented and patented the most ingenious and perfect instrument in the shape of a needle, extant, which has also a medical application.

It consists of a straight (but may be made curved) needle, the head of which is drilled longitudinally, with a screw thread made along the drilled portion, so that when silk or cotton is used it is but necessary to wax the end of the thread and screw it by a rotary motion of the thumb and index finger into the opening made by the drill. When wire is used by the surgeon it is but necessary to introduce the extremity of the suture into the same apparatus, and with the same motion fix it firmly.

Diagnosis of the Early Stage of Hip Joint Disease.

Dr. L. A. Sayre, in a clinical lecture in the *Medical Times*, says:—

My rule for the normal standard of position from which comparison is made in forming a diagnosis of this disease is as follows:—Place the patient on her back upon a hard surface, her limbs parallel to each other, in continuation of the long axis of the body, the spinous processes touching the table, the pelvis fixed.

Draw a line from the sternum over the umbilicus to the pubes; another from one anterior superior process of the ilium to its fellow; the lines will intersect at right angles if the trunk and pelvis bear their normal relations to each other. If no obstruction exist at the joint the leg can be extended perfectly straight, the popliteal space touching the table. The position in which the diseased limb must be held to give comfort to the patient while the sound limb and pelvis are thus fixed, is the deformity indicating the stage of the disease. This deformity is due to tension in the joint from effusion and muscular contraction, the result of reflex irritation, or to complete muscular rigidity.

Intra-Pulmonary Injections.

Dr. Berkart states, in the *Lancet*, of March 28th, that he lately injected weak solutions of carbolic acid through the thoracic parietes into the lung, in a very bad case of phthisis, at the Tottenham Hospital. The effect produced was most striking. In a few minutes after the operation, which is said to be quite painless, the patient was "sitting up in bed comfortably eating an egg." In Germany, Koch and Moster have recently published observations on this subject.

Estimation of Albumen.

M. L. Girgensohn estimates albumen by mixing the solution with twenty per cent. of salt, and adding a solution of tannin in excess. The precipitate formed is collected upon a weighed filter, and the chloride of sodium washed away with water, and the tannin dissolved out by alcohol. When the estimation is made in a sample of urine, the uric acid must first be removed by adding acetic acid and allowing it to stand.

Umbilical Hernia in Infants.

A "Country Doctor" writes to the London *Medical Times and Gazette*:—

Speediness in the cure of the above, combined with simplicity in the means employed, is, I hold, the great desideratum. What more simple than strips of plaster applied crosswise, or, as I have done during the last ten years, to apply a small pad of lint and one broad strip of adhesive plaster? No case has failed; no soreness have I ever seen, "so far as my memory serves me."

Correspondence.

Dominion of Canada—Ontario.

Ed. Med. and Surg. Reporter:—

In my last I gave you a synopsis of the proceedings going on in the medical world of this part of the Dominion of Canada. Since then we have had a variety of medical matters which not only interest the profession here, but also our professional brethren in the United States. The American Medical Association, which held its annual session in Detroit, Michigan, to which several leading members of the Canadian profession went as delegates, has, as was expected, received our countrymen with fraternal greetings. Fortunately the medical profession, *i. e.*, the regular practitioners of medicine, have nothing to prevent that complete accord of friendly feelings among them which so often happens with politicians and other less honorable and less distinguished professions and callings The Italian, the French, the Russian, or the German physicians and surgeons can feel as much at home in a congress of medical gentlemen composed of English, Canadian, and American professional men, as each would be in their respective countries. There is something, however, that makes the American regular medical profession more at one with the Canadian and English profession than with foreigners. That something may be the language, which happens to be common to both, or it may be that we recognize in each other those Anglo-Saxon traits of character and cousinship which have happily drawn the thunderbolt of our political elements, and converted antipathies into a species of national love and affection. The Treaty of Washington has healed many a bad sore, and no doubt will ultimately lead to a broader and more sincere love of race and kindred in the future. But the medical profession did not require that instrument to establish mutual regard and mutual intercourse with each other. Years, or at least a short time, before the negotiations were entered into at Washington, the Canada Medical Association had extended invitations to your Medical Association to send delegates to our annual gathering. The first gentleman who made his appearance among us was Dr. Davis, a gentleman who won the esteem of all who came in contact with him. Canadians are not very impulsive, as a general thing, and probably for this reason we did not give your delegates as flattering a reception as was accorded to our delegates to the Detroit meeting of the American Association. Neither is Canada so rich nor so well provided with benevolent, large-hearted gentlemen, so common in the United States, as well as in older countries, but we appreciated the honor none the less. Our time will come, before very long, when we trust it will be in our power to entertain our friends and reciprocate in such a way as will make up for any deficiencies in the past. The medical profession, generally speaking, is made up of gentlemen largely endowed

with the faculty of reason, and when good sense accompanies good reasoning powers, they make the man not only more cosmopolitan, not only more benevolent, but also more philanthropic. When life is at stake neither the death-dealing cholera, nor burning fever, the yellow-jack of New Orleans, nor the bullet of the rifle, prevent him from taking his life in his hand to administer to the wants and contribute to the recovery of dying man, and thus medical men, wherever found, when trained and educated in the schools of science, instead of being antagonistic to their species of whatever race, religion, or color, are really angels of mercy. So much for the medical profession.

From whatever cause, death is busy with our people this year. Acute rheumatism prevails in every section of the country. There is also a large number of cases of typhoid fever, not epidemic, however. The large cities are singularly free from the latter disease, while the rural parts are suffering more than ordinarily. If I might venture to give an opinion upon these somewhat anomalous circumstances, I would say that our climate has something to do with it. For instance, last winter was generally considered to be one of the mildest we have had in Canada for many many years, but it was changeable as well as mild. The spring months were uncommonly dry; indeed, everybody was complaining. Crops just planted appeared to scorch in the ground, the winter wheat was partly killed, wells were dry, fodder was scarce, and, in a word, the outlook for the farmer and business man was far from cheering. About the 14th of May a change took place, and ever since we have been blessed with abundant rain, succeeded by a fierce burning heat; vegetation was very rapid, as might be expected under such circumstances. Crops began to give promise of hope to the farmer, the grass sprung up as if by magic, and the half or whole starved cattle obtained what they needed so badly, and so all nature, man and beast, seemed to rejoice. As if the laws of nature demanded compensation in one way or another, Man, who was so ready to complain about the justness of the great Architect of the Universe, which held back the rain clouds in the spring, now suffers from the very rankness of the vegetation which the bountiful and timely showers of rain started into life. Half-starved milch cattle suddenly turned loose and eager to enjoy the fresh young grass could not fail to eat their fill. The transition must have had a wonderful effect upon these animals; allowing that their health did not suffer from the effects of the young grass on the digestive organs, still it acted like a life restoring medicine, exciting an increased secretion of milk, and at the same time supplying the worn-out fatty tissues to the body, which deprived the milk of those nutritious and healthful elements that ordinarily belong to healthy milk. Milk and butter are extensively used at the tables of our farmers, more especially at this season of the year, when the fresh and salt meat diet of the winter months are no longer relished by the hungry, hard-worked farmer. The farmer, like the cattle belonging to him, requires the very elements in his food which are so eagerly sought for and devoured by the cattle; but the farmer will not eat grass nor any green vegetables, for the reason that he may have an inherited prejudice against such diet, and if not, he may not be able to obtain what is so essential at this time of the year as an article of food. The milk does not contain the elements he wants, for the animal takes up those elements for its own nutrition. The butter is also wanting in the very constituents of food necessary for men's health, but ignorant of these facts, farmers, and, in fact, the general body of the people who are able to procure these luxuries, eagerly consume both milk and butter, and the consequence is that fully one half of the consumers are afflicted with rheumatism, as might be expected, from the absence of saline substances and with typhoid fever, from the absence of the bitter principle in the food appropriated in the economy of the animal, as well as from a deteriorated condition of the milk supplied by the animal itself. Children suffer from scarlet fever, measles, and other exanthemata, which become epidemic, and which unquestionably originate in the same manner and from the same cause. The meat diet of the winter months produces lumbrici, which, in the spring months of the year, begin to create restlessness in the child, and from the irritation caused by these repulsive inhabitants in the delicate stomach and alimentary canal of the child, excite almost every form of malignant or irritative disease. Medical practitioners as a general thing do not give sufficient attention to these things in the treatment of spring diseases, and the consequence is they number many deaths among their patients. Rightly understood, and careful attention being paid to these matters, enable the medical practitioner to make a correct diagnosis and then to prescribe correctly, not only the proper remedies, but also the proper diet in each case. It would be a great blessing to mankind in general if medical practitioners would apply themselves scientifically to investigate disease and the causes of disease, and if a sound understanding is brought to bear upon the case there will be little need for them to depend upon the long list of remedies given in our text-books. The medical profession, that is to say, the thoroughly educated medical profession, can only prescribe intelligently when they examine these things, and, by a logical sequence of facts, arrive at an intelligent acquaintance with the case in hand. The medical man who depends upon memory, and trusts to the judgment of text-books which describe and prescribe for disease, has not a correct appreciation of his noble calling. These text-books, useful and necessary as they are, cannot supply understanding or good judgment. Text-books train the mind, study rubs off the coarse, rough work of the pick on the square surfaces of the ashlar, but it requires judgment and a delicate hand, with a fine sense of understanding and powers

of reasoning, to polish the mind in order to prepare it for those important duties which every medical practitioner is called on to discharge almost every day of his life.

As certain as quinine is a specific in intermittent fevers, and santonine a remedy for lumbrici, so certain is it that there is no disease to which the human being is subject but may be treated as successfully if the kind of investigation I refer to is made the rule and not the exception. Hygiene and the inculcation of sanitary rules, together with a sound practical judgment brought to bear whenever these are necessary, cannot fail to eradicate those conditions which are the prolific source of so much suffering and disease in the world. Removing and combating the cause of disease is the true province of the physician, and when he combines such qualities of the mind as we have referred to with a genuine regard for the public, then his mission is truly a noble one, and well compared to that of a "good angel." If disease were removed entirely from the earth, the work of the physician would not necessarily cease. It is not diseased mankind that makes the profession wealthy, honored, or sought after. It is an intense longing of man for longer life, and if long life can be brought about without the necessity for exhibiting medicines, are not those men truly honorable, truly majestic, who have contributed to this end.

A curious discussion has been going on here between Dr. Fulton, the editor and publisher of the Canada *Lancet*, and one of our leading medical practitioners, on a question of professional etiquette. It appears that during the late session of the Provincial Legislature, a leading secular newspaper, somewhat radical in its views of medical subjects, published several leading editorials and letters of correspondents relating to the medical legislation to which I referred in my last letter. The newspaper takes its stand upon the ground that there should be free trade in the practice of medicine. That, in fact, Tom, Dick, or Harry, or any other man, learned or unlearned, wise or foolish, has a perfect right to practice medicine and surgery, if there are any persons foolish enough to allow them to practice on them. It is disposed to favor homœopathy, and has thrown open its columns to the chief of the homœopaths to ventilate his opinions on this pathy and cognate subjects relating thereto. When the new medical bill was passing through the Committee of Parliament several medical gentlemen ventilated their ideas in favor of or against the proposed legislation, not only in the columns of the above mentioned newspaper, but also in several other leading newspapers. Gentlemen interested in the passage of the new act wrote several letters in defence of its several provisions, and, of course, in opposition to what they thought were fallacious arguments against the bill. There is no doubt whatever that these letters, and the editorial comments of the several newspapers, not only brought the proposed legislation more prominently before the public, and the representatives of the people in Parliament assembled, but they also contributed to explain the rotten pretensions set up by the homœopaths and eclectics, and at the same time assisted materially in establishing the liberality of the views held by the regular profession (nicknamed "allopaths"). The result was, as I stated in my last letter, that the Legislature passed the bill, and refused to grant the separate corporate powers asked for by the homœopaths and eclectics. Months have passed since then (the Legislature was prorogued some time in March), and, as a matter of course, medical discussions through the public press came to an end. The *Lancet*, a really well-managed and ably edited medical periodical, published monthly, took the ground that the public press was not a legitimate channel through which respectable medical gentlemen should discuss medical matters. That, in fact, so long as there were medical journals whose columns were open to the profession for the discussion of questions purely medical, they should only be resorted to for this purpose. The medical gentlemen who had figured so prominently in the columns of the public press were pointed at, as if they aimed rather to gain public notoriety than for any special personal regard for the success of the medical bill before Parliament. This, of course, excited the ire of one of the writers above referred to; and, by way of retaliation, he wrote a letter commenting in somewhat severe terms on the criticisms of the editor of the *Lancet*. The editor of the *Lancet* refused to publish it, and immediately this became known the indignant writer forwarded a copy of the said letter, with his explanations of the editor of the *Lancet's* "discourtesy," as he termed it, to one of the leading daily newspapers. The letter certainly contained some effective, and, I think, justifiable arguments against the stand taken by the *Lancet*, and I cannot see how the editor of the *Lancet* will be able to get out of the difficulty he was the first to create. The letter, very properly, I think, maintains that it is not a breach of medical etiquette to advocate medical legislation in the public press, as by this means only is it possible to bring medical arguments in favor of such legislation before the people or their representatives. Medical publications circulate chiefly among medical men, and therefore would not be a vehicle open for discussion to the general public. Since the representatives of the people are not all medical men, they also would be ignorant of anything appearing in medical journals. Therefore it was not only justifiable, but necessary that the daily press should be used as a proper vehicle for the discussion of such medical questions as interested the profession and the public, who had the power, through their representatives, to grant the legislation asked. Here the matter stands at present, but I expect a lively rejoinder next month, in the *Lancet*, which I trust will not keep up a strife that can accomplish no good, but is likely to do harm.

In surgery there is not much to report beyond what appears in your exchanges. A case, however, of some importance is reported in the Canada *Medical Journal*, for June, described as a "case of diffused abscess, extending over and around the right shoulder—death." In a medical point of view the particulars are all right, but in a surgical point of view there are several particulars which not only show gross ignorance of the case, but prove incontestably that the surgeons were at fault in their diagnosis. The subsequent treatment, I think, does not correspond with modern practice. In fact, without finding fault with the operation and practice of the gentlemen who had charge of the case, I would conclude, they were inclined to think that the mischief was in the chest—thorax, if you will believe it, instead of being in the shoulder, as they afterwards discovered. It is hard to find fault with gentlemen of high standing in the profession, but it is harder still to allow the blunders of the professed leaders of the profession to escape us without a word of criticism or fault finding. On the whole, the surgical profession of the Dominion are well worthy of the distinction which such men as Drs. Campbell, Pelletier, Rottot and Marsden, of the province of Quebec, and Drs. Richardson, Fulton and Lizars, of Ontario, have attained, but while admitting that these gentlemen are eminent and worthy of praise, there are others just as much entitled to honor, less known to public fame, who deserve credit for better surgical performances and more elegant operations than have been performed, but not reported, in the Dominion of Canada. In my next I hope I shall be able to give you particulars of a few operations already performed, but which cannot be reported as satisfactory until the result is known.

CANADENSIS.

Non-Stimulant Treatment for Small pox.

ED. MED. AND SURG. REPORTER:—

Roberts, the man who brought the small-pox here from Chattanooga, died, and no wonder, for I learn that he was given hot toddy or whiskey punch, and anything else he wished for in the way of diet, and kept in a close room, from which fresh air was sedulously excluded by closing doors and windows, and even stuffing the crevices under the door with rags! This, in an unusually warm spell of weather, the mercury as high as ninety-four degrees in the shade, at one time during his illness. His wife or widow has subsequently had the varioloid, and also given birth to a child, who have both convalesced under the judicious treatment of Dr. Atlee. She never entered his room after a diagnosis of his fatal malady was pronounced, and soon after moved with her mother, to another home. The wife of Malone, the man who waited on Roberts, has had, since the burial of Roberts' remains and the return of her husband to his own home, an attack of variola. Malone says he destroyed every particle of clothing he wore while attending on Roberts and aiding in the interment of his body, clothing and bedding; that he thoroughly washed his person with soap and water, from the crown of his head to the soles of his feet, and bathed well in a large pond of fresh water. Under the non-stimulating regimen Mrs. Malone is doing well. I ordered a cold fluid diet, no whiskey, free ventilation, which was secured by opening two doors facing each other, and all the windows of her room, allowing cold water in small quantities *ad libitum*. She has lived mostly on buttermilk since her disease was known. This I have often found a grateful drink for small-pox patients. So is whey and clabber. When patients become tired of milk, or the stomach will not tolerate it, I am in the habit of permitting the use of cold rice water, gum arabic solution, slippery elm mucilage, or cold flaxseed decoction. As I once mentioned, in an article published in the columns of your journal some years ago, during several visitations of small-pox in this locality and vicinity, I have never seen a fatal case, though I have treated more than fifty altogether. I doubt whether a like success has ever favored the stimulating plan of treatment. In a large proportion of the cases of which I have had reliable information, when hot teas or alcoholic stimulants have been given, death has speedily ensued. The disease has never been epidemic here, and, perhaps, less malignant than it usually is. It may be that my experience would have been different elsewhere. The type is probably often more severe than that recently manifested here or in those cases previously occurring during the eighteen years that I have resided here. Nevertheless, in each of the visitations referred to there has been one or more deaths. While the troops were stationed here, during the late war, there were several, and without exception, as I learned at the time, those who died had whiskey, and, probably, solid food, hot tea, coffee, warm soup, etc. Without exception, so far as I know to the contrary, all those which had clean beds, frequent change of clothing, and the cooling regimen throughout, free ventilation, cold fluids as a diet, such as previously indicated, recovered! I have vaccinated many persons, some of whom have waited upon relatives affected with confluent variola, no one of whom has ever had so much as varioloid.

Yours sincerely, W. W. ALEXANDER.

Athens, Tenn., June 22, 1874.

Treatment of Obstruction of the Bowels.

ED. MED. AND SURG. REPORTER:—

Dr. Dunlap has reported a case of obstruction of the bowels, in the REPORTER for June 13th, and seemed to have been puzzled to form a correct diagnosis. This, no doubt, was a case of functional obstruction, or inversion of peristaltic movement.

I remember a case, a few years since, of a colored man, who, after a night's debauch at a corn husking, was seized with violent vomiting

of stercoraceous matter, and all the symptoms of mechanical obstruction, which continued for about twenty-four hours, ceased as suddenly as it commenced, and on the morning of the second day the patient resumed his accustomed work. I attributed his attack to spasm of the stomach and bowels, caused probably by an overcharge of "rifle," whiskey. I treated the case with opiates and anti-spasmodics, stimulating enemataæ, mustard cataplasms to abdomen, etc. Dr. Dunlap's treatment was all that could be desired in his case. S. B. Flowers, M. D.

Mt. Olive, N. C., June 23, 1874.

Foreign Body in the Rectum.

Ed. Med. and Surg. Reporter:—

In the number of your journal of June 13th. Dr. Fox, of Rutland, Vt., reports a case which occurred in his practice, of a "foreign body in the rectum," and would be glad if any one could give an account, or refer to a report of any similar case that may have occurred." I would refer the doctor to that interesting volume entitled a "Collection of Remarkable Cases in Surgery," compiled by Prof. Paul F. Eve, where he will find a number of very curious cases reported, and one very similar to his own. An individual had introduced a "Flemish beer glass into his rectum." The glass was seized with forceps, but broken into many pieces. In order to get the lower part out, it was found necessary to turn it, as the open broken part was turned downward. The man died in the course of a few days after its removal.

Another case is given, reported by Dr. Harris, of Harrisville, Va., of a man having introduced a half-pint flask into his rectum, which was removed. This man subsequently introduced a large beet into his rectum, which after its removal was found to measure nearly seven inches in length and three and a half inches in diameter. But the most singular case is one reported by M. Riali, of Italy, in which a man introduced a large plug of wood into the rectum, under the idea that he would save the trouble and expense of eating. This plug was extracted through an opening made into the colon.

Any one having a taste for the study of rare cases in surgery should possess Prof. Eve's compilated book. P. B. Young, M. D.

Crestline, Ohio, June 18, 1874.

News and Miscellany.

Personal.

—Previous to his departure for Europe, Dr. Richard J. Levis resigned his position as Surgeon to Wills' Hospital.

—Dr. Lemuel J. Deal, late of Philadelphia, we understand has been elected Professor of Chemistry in Missouri Medical College. From our present knowledge, we say they have done well.

—Prof. John B. Biddle, of the Jefferson Medical College, sailed for Europe July 9th, in the American steamship *Illinois*.

Queries and Replies.

W. Whitcomb.—The best reply we can give, is to refer you to the report of the Judicial Council, A. M. A., as published in a late number of this Journal.

E. H. Moore, Carbondale, Kentucky.—The latest is Radcliff.

S. D. S., Moscow, Miss.—Lancet for $11.

Can learn nothing more of the instrument than what we published in that article.

"*D.*"—Could not suggest treatment without seeing the case.

F. L. G., Newton Falls, Ohio.—Our laws are powerless. All we can do is to educate public sentiment

Marriages.

Andrews—Woodward.—June 10, by the Rev. Dr. Thomas, Daniel Andrews and Annie J. Woodward, daughter of Dr. Charles Woodward, of East Walnut Hills.

Cook—Thorn.—Thursday evening, June 25th, 1874, at St. Peter's Episcopal Church, by the Rev. H. W. Spalding, Joseph S. Cook and Kate, only daughter of the late Dr. Wm. Thorn, all of this city.

Hardy—Parker.—In Peacham, June 23d, by Rev. A. W. Wild, Edward C. Hardy of Framingham, Mass., and Jennie M. Parker, daughter of Luther F. Parker, M. D., of Peacham.

Hubenger—Frybarger.—In Goshen, Clermont County, Ohio, on the 7th inst., by the Rev. J. F. Loyd, John A. Hubenger, M. D., of Wyoming, and Miss Mary E. Frybarger, daughter of Moses Frybarger, Esq.

Sturges—Williams.—On Wednesday evening, June 17th, at the residence of the bride's parents, Forest Avenue, by the Rev. Thomas Yocom, Henry Hale Sturges, of Mansfield, Ohio, and Mary Williams, only child of Dr. E. Williams.

Underhill—McPherson.—On the 16th inst., at the residence of the bride's parents, Fairview, Ohio, by the Rev. P. G. Edmonds, Dr. J. W. Underhill, of this city, and Miss Lida E., daughter of Dr. J. T. McPherson. No cards.

Deaths.

Emerson.—On the 2d inst., Governeur Emerson, M. D.

Greene.—Suddenly, May 29th, Carrie Ellison, wife of Dr. John W. Greene, and daughter of the late Capt. Chas. F. Morton

Hammond.—In Stowe, Vt, May 27th, of lung fever, Adin Hall Hammond, aged 60 years.

Karsten.—In this city, on the 4th of June, Mrs. Margaret Karsten, widow of the late Dr. Karsten, aged 89 years.

Knight.—In Georgia, June 1st, after a lingering illness, Mrs. Carrie D., wife of Dr. Harvey Knight, aged 24 years, 8 months, 8 days.

Herron.—In Cincinnati, Ohio, on the morning of the 24th of June, at 8 o'clock, Laverna, only daughter of Dr. Thomas G. and Lizzie Sutherland Herron, aged 2 years and 10 months.

Osborne.—Suddenly, on the 21st of June, Arundel Caulfield Osborne, M. D., in the 26th year of his age

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NOTES ON HERNIA.

Read before the Chenango County (New York) Medical Society, June 9th, 1874,

BY J. T. JAMESON, M.D.

In the practice of medicine and surgery, as in many other things, there is a bright and a dark side, and very generally the dark side is allowed to remain in the dark so far as the outside world is concerned, whilst the bright side is caused to shine with all possible brilliancy before an admiring audience. Thus how few, comparatively, of the mistakes and errors in practice which even the most skillful of physicians and surgeons are liable to fall into, and the unfortunate cases which occur to all more or less, are ever permitted to see the light, and if it be true that one error, one unsuccessful case, teaches more than fifty successful ones, how great the loss which occurs to science and humanity in consequence of this concealment. It will be my endeavor in the present communication to impart to you a truthful and unvarnished statement of what I have observed in connection with hernia, and extending back nearly forty years. And although the recital may not redound to my credit or the credit of some of my professional brethren concerned, some of whom have long ago gone where human applause or censure avail nothing, and although I do not anticipate in the present paper or essay being able to impart anything particularly interesting to the senior members of the society, yet if I can to my junior brethren of the society hold up to view a few beacon lights by which they may be led to escape striking some rocks or shoals, and thus through them benefit humanity, I shall be amply repaid. I may state that the cases narrated are taken from my case books, and only condensed as much as possible consistent with their being rendered intelligible.

Case 1. Whilst officiating as resident physician to a dispensary, a man aged sixty was admitted a patient, and came under my care. The following is the history of the case, as obtained from the patient and friends: A few weeks ago the old man observed a small hard tumor, about the size of a marble, in the right groin. It gradually increased in size, and became more painful, which induced him, a fortnight ago, to apply to an old and experienced surgeon, who regarded the tumor as an enlarged and inflamed inguinal gland, and recommended leeches, which were applied. At this time, the bowels, he said, were not moved for five days, during which he experienced violent pain in the abdomen and obstinate vomiting, the contents of the stomach, from the description of the friends, being of a fecal character. My notes do not state whether the surgeon above alluded to, attended him at this time, or whether he had any medical attendance at all. They state that an enema was now given, which caused the discharge of some fecal matter; afterwards an emetic, after which the bowels moved freely, the pain ceased, and the size of the tumor lessened, the vomiting, however, continuing with much prostration.

Present State, Feb. 9th.—Patient sitting up, though evidently greatly prostrated; pulse frequent and small, extremities rather cold; slight hiccup; vomiting still continues; frequent desire to evacuate the bowels, but noth-

ing further than blood and mucus discharged; the tumor in the groin is about the size of a large hen's egg, below Poupart's ligament, having a doughy feel, but pressure, unless considerable, does not seem to give pain. Prescribed a saline mixture and opium.

10th. One of the surgeons to the dispensary visited patient with me, and expressed himself as not fully satisfied as to the tumor being a hernia. The vomiting has ceased, but the dysenteric symptoms continue. To have a mixture of gum arabic and opium in place of saline mixture.

11th. Sitting up, but evidently sinking; low delirium, and tendency to stupor; countenance collapsed; pulse small and frequent; bowels no better; tumor larger, but without pain, and having the soft doughy feel above represented. Mixture of prepared chalk and Dover's powder.

12th. In articulo mortis. Tumor much larger, and emphysematous, a large portion of the integument covering it being in a gangrenous state.

13th. Post-mortem. We could only obtain permission to inspect the tumor, which, being cut into, a quantity of fecal matter was immediately discharged. This being cleared away, a portion of omentum was brought to view, and behind this lay a fold of intestine having an aperture in it, through which the fæces had escaped.

Remarks.—I suppose it to be true that femoral hernia is much less common in the male than female, and that it is still more uncommon to have it occur in a man so old as the above patient was, and that this may constitute some apology for the fatal mistake undoubtedly made by the surgeon to whom the patient first applied. The hernia appears to have been omental in the first instance, and how soon followed by the intestine it would seem impossible to determine, but supposing the protruded omentum to become swollen and inflamed, it would, we can readily imagine, simulate very much an enlarged and inflamed inguinal gland; but then the co-existence of constipation, abdominal pain, and vomiting, ought to sound the note of alarm, and cause the physician to be exceedingly cautious as to the diagnosis he renders, and especially where speedy life or death depends on the correctness of that diagnosis; and I think we may inculcate it as a safe and sound rule that where we have to do with a tumor in the usual situation of a hernia, and attended with abdominal pain, constipation, sickness at the stomach, or vomiting, to err on the safe side, and decide for hernia. The patient ought undoubtedly to have been operated upon at the time the leeches were applied, namely, a fortnight prior to his death. It is remarkable how long the patient lived under the circumstances, and affords an illustration of the tenacity of life we meet with in some cases. How explain the free evacuation of the bowels reported to have taken place after the emetic? The bowel must have been still strangulated, and I can only explain it by supposing that only the contents of the intestine below the point of strangulation were voided. I am disposed to think that at my first visit, five days prior to death, gangrene had already taken place, and perhaps the contents of the bowel passed into the hernial sac, giving rise to the peculiar doughy feel which the tumor manifested.

The next case, also one of femoral hernia, is presented as illustrating, in connection with the one just narrated, the difficulty sometimes attending the diagnosis of these cases at least to one professing no more tactus eruditus than I can lay claim to.

Case 2. About two years ago, during a visit to another member of the family, the mother of the family, a woman of feeble constitution, called my attention to a tumor in her right groin. She stated that it had existed for ten or twelve years; that she experienced occasionally some uncomfortable feelings in it, but yet nothing serious; that it had never disappeared, but remained constantly about the same size. On examination I found a small tumor about the size of a small butternut, situated below Poupart's ligament, and in the situation of the femoral ring, circumscribed, considerably hard, not particularly tender to the touch, and in short, presenting much of the character of an enlarged gland. I employed the taxis, and failing to reduce the tumor in this way, I was, of course, in doubt as to its character, although decidedly leaning to the supposition of hernia, and recommended her to consult Dr. Bellows. This she omitted to do, performing her household duties as usual, and in January of the present year I was called to visit her, and learned that during the forenoon, and whilst performing some household work, she suddenly experienced considerable pain in the tumor and

across the abdomen, with a bad feeling in the region of the stomach, and disposition to vomit, although this had not occurred. She was obliged to lie down, and about two hours afterwards I saw her, and found her complaining much of the above symptoms, and looking a good deal prostrated, being a feeble woman. Says her bowels moved this morning. On examination I found the tumor about the same as above represented, only harder, and considerably more tender to the touch. It seemed more readily circumscribed, and to present still more the character of an enlarged gland, but the pain across the abdomen, the deathly sickness at the stomach, the pain in and tenderness of the tumor, and the sudden manner in which these symptoms commenced, indicated, I judged, strongly the existence of a hernia. Notwithstanding my previous failure, after placing the patient in a favorable position, I resorted carefully to the taxis, and after about ten minutes' trial, and when about to give it up in despair, suddenly, and with an exclamation from the patient, the tumor disappeared, thus evincing that it was indeed a hernia. The patient was immediately relieved, and has since worn a truss.

Remarks. I deem it somewhat remarkable that an individual should perform the ordinary duties of life for a dozen or fourteen years, having a femoral hernia, without any special trouble occurring, and then suddenly, without doing more than she had done a hundred times previously, symptoms of strangulation manifest themselves for the first time. The question naturally arises why the taxis should have failed on the first occasion, when all the circumstances seemed so much more favorable to its success, than on the second trial, when the tumor had become harder, and much more tender to the touch, and the only explanation I can give, and which may not be the correct one, is that the patient at the last and successful attempt, was considerably prostrated as well as alarmed, which might have favored relaxation and consequently reduction. Some may deem a case like the above a simple affair and unworthy of notice. Well it is simple when we know it all, as in the case of Columbus and the egg, but when at the bedside, and our fingers at work on the tumor, and in a few minutes we have got to decide hernia or no hernia, life or death, the simplicity resolves itself into a fearful and distressing responsibility, so distressing, that few of us, I imagine, at such a time, but would be glad to share it with some professional friend.

Case 3. July 20th, 1864, 6 P. M. Visited, in consultation with Dr. Angel, Mrs. B., æt. 63. Dr. A. stated that he saw the patient for the first time last evening, and resorted to the taxis, but without success. The patient states that she has been aware of the existence of a swelling in the right groin for four or five years, but not having suffered from it, had made no mention of it. She further states that for the like number of years she had experienced at intervals, attacks of vomiting, lasting a day or two, and then passing off without medical aid, and yesterday experienced, as supposed, one of these attacks, and that whilst in the act of vomiting, experienced a feeling as of something giving way in the swelling, which immediately became larger, and somewhat painful, followed by pain across the lower part of the abdomen. Dr. A. has given her morphia, and applied cold to the swelling, in the hope that it might pass off like the attacks above alluded to. On examination, I found a small hard tumor in the right groin, beneath Poupart's ligament, somewhat tender on pressure; some pain across the lower part of the abdomen, and slight tenderness on pressure. I applied the taxis carefully, and we thought the hernia was reduced, but not long after vomiting occurred and the swelling reappeared. We agreed to give her calomel and morphia, and continue the application of cold. We remained all night. The patient vomited two or three times in the course of the night, and about five o'clock in the morning, the fluid ejected from the stomach was observed, for the first time, to present a fecal odor. Dr. Bellows was now sent for with a view to operation, and the patient was given simply morphia, and the cold continued. She experienced but little pain during the day, vomiting a little occasionally. Dr. B. arrived about 6 P. M., and proceeded immediately to operate, there being nothing at this time, either as respects the general appearance of the patient or the local swelling, to forbode what subsequently occurred. Chloroform was administered, and the operation speedily and skillfully performed, the sac not being opened, there being nothing, Dr. B. stated, and it so appeared to all of us, to indicate an unfavorable condition of the bowel. After relieving the stricture, the intestine was readily returned, and at the close of the operation, we all, I believe, anticipated a favorable result. Before being removed from

the table, and as soon as consciousness returned, the patient complained most acutely of pain across the lower part of the abdomen, and in the lumbar region especially, the pain being so violent as to cause her to cry out and groan constantly; almost pulseless, and surface inclined to be cold. Brandy was administered, warmth to the surface, morphia, with a view to alleviate the severe pain experienced, but all to no purpose; the pulse became more frequent and thready, surface more cold, countenance more deathly, and the pain in the lumbar very little mitigated, and in five hours from the time of operation, she was dead.

Post-mortem was immediately granted, and held prior to Dr. Bellows' return. On opening the abdomen a quantity of muddy serum escaped, having some fecal matter mixed with it, and fecal matter was scattered on the peritoneum. On searching for the portion of bowel that had been strangulated, it was readily distinguished by its dark color and compressed aspect, and on grasping it, the contents of the bowel were seen to issue from an aperture in its walls, of about the size to admit a pea, and the whole knuckle of intestine that had been strangulated presented a dark color, contrasted with the remaining bowel, and appeared softened and ready to give way.

Remarks. 1. The great and fatal error committed was, of course, that of not operating sooner. 2. The short time, namely, about forty-eight hours, and especially when compared with another case yet to be presented, that was required to accomplish the work of destruction. 3. The absence of any signs, general or local, up to the time of operation, to afford any certain indication of so serious a lesion having taken place in the intestine. 4. The favorable condition of the bowel so far as could be judged through the sac at the time of operation. 5. The intense and persistent pain in the lumbar region, almost to the time of dissolution, and concerning which Dr. Bellows remarked that he had never witnessed anything like it before, and which, I suppose, we must explain on the ground of reflex action, that is, the morbid impression or irritation excited in the peritoneum by the giving way of the bowel and the escape of its contents into the peritoneal cavity reflecting back on the spinal cord. At the time and prior to the post-mortem it was inexplicable to all of us. 6. Had the condition of the bowel been even suspected, of course, the sac ought to have been opened, and the bowel not returned, the patient being given a chance for her life by an artificial anus. I believe there are now numerous cases on record of individuals surviving under such circumstances, and of being ultimately cured. 7. But how are we to ascertain that the bowel is in a bad condition, and unfit to be returned into the peritoneal cavity? It seems difficult to judge correctly in relation to the real state of the bowel through the sac, and more especially when considering that the condition of the bowel might be the worst at the neck of the sac or seat of stricture, and where, of course, it could not be seen. I would therefore take the liberty of suggesting to those who are in the habit of operating in such cases the necessity of being governed by the length of time during which strangulation has existed in regard to opening or not opening the sac. Thus in femoral hernia, for instance, in which, I suppose, the stricture is more tight, and the injury to the bowel, consequently, more speedy, if the strangulation has clearly existed from sixteen to twenty-four hours, it is best, as a rule, to open the sac, and determine definitely the condition of the bowel. Lastly, I think we may learn from this case that though the operation for hernia may not in many cases be attended with difficulty or prove a formidable operation, yet that not unfrequently circumstances arise, as for example, that of opening or not opening the sac, returning or not returning the bowel into the abdomen, requiring the nicest judgment as well as ample experience in order to arrive at a correct decision, a decision, be it remembered, that will probably decide the patient's fate.

Case 4. Whilst attending the University at Edinburgh, a woman was admitted, July 6th, into the hospital, under Sir William Ferguson, having a femoral hernia which had been strangulated, it was reported, four days, and being an interesting case I watched it carefully and took notes of it. The operation was performed immediately, the intestine, Sir William remarking, after opening the sac, having a suspicious aspect, but felt firm, and he should return it. The wound was closed by sutures and straps.

8th. The sutures were removed from the wound, which looked well; abdomen greatly distended; slight hiccup and some vomiting, countenance collapsed.

10th. Fæces in small quantity have appeared at the wound; bowels have moved, and she seems a little improved.

11th. On Ferguson pressing his hands on the abdomen, a large quantity of thin, dark-colored fæces escaped from the wound, which is open and sloughy; pulse of moderate frequency and good strength, but her general aspect indicated great prostration; no vomiting. To have wine and nourishment *ad libitum*.

12th. Better, pulse good, no vomiting, copious discharges of fæces from the wound, abdomen less tumid.

13th. About the same; fæces discharged by the wound and none per anum.

14th. Better; tongue clear and moist; fæces escape freely from the wound but none per anum.

22d. Patient has been doing well since last date, and fecal matter is now discharged with the enemas.

25th. Has had one natural evacuation, and continues to improve.

30th. Wound nearly closed and very little fecal discharge from it, the bowels moving naturally.

August 6th. General health much improved; a fistulous opening still remains, through which a little colored matter is discharged; evacuations natural.

13th. Left the hospital, a small aperture, sufficient to admit a probe, remaining. A truss was applied prior to her dismissal. A week subsequently she was readmitted, and next day, August 21st, I found her retching and vomiting; abdomen greatly tympanitic; pulse very small and weak; countenance collapsed; lips livid; wound about the same as when she left the hospital; bowels reported as regular; no cause assigned for her present condition. She died next morning; no post-mortem.

Remarks. This case tends to confirm the correctness of the remark made on the previous case as to the difficulty of determining the true condition of the bowel in these cases. Here was an experienced surgeon, accustomed to operate and familiar with the aspect of the bowel, both in its normal and morbid condition, and yet with the sac opened and the naked bowel before him to see and feel, he manifestly came to a wrong decision, and had he returned the bowel, as he designed, into the abdomen, the patient's fate would probably have been soon sealed, but it appears to me, and fortunately for the patient that it was so, that the intestine was only returned to the neck of the sac, and there remained, and on the 9th or 10th, three or four days after the operation, gave way, allowing fecal matter to escape at the wound. It would be something wonderful indeed, it seems to me, to suppose the strangulated knuckle of intestine to have been returned into the abdomen, and that it should have remained for three or four days precisely at the same spot, namely, the neck of the sac. 2. It did appear to me, and does now, that if this woman had remained in the hospital until the fistula had completely closed, and this she ought to have done, that she might have perfectly recovered. Peritonitis, from some cause, appears to have occasioned her death.

Case 5. During my connection with the Dispensary already alluded to, a woman, æt. 40, of feeble constitution, was admitted a patient and visited by me. I found her suffering from violent vomiting of bilious matter, the slightest article taken into the stomach being immediately rejected; pain in the epigastric region increased on pressure, and a spasmodic pain recurring at short intervals in the umbilical region; bowels constipated; cramp of the gastrocnemii muscles and fingers; pulse small and weak; skin wrinkled and of a dark color; tongue coated. Patient stated that three years ago she experienced a very severe attack of Asiatic cholera, since which she had been subject, at intervals, to paroxysms like the present. Prescribed pills of calomel and opium, turpentine enema, and poultices to the abdomen. The pain and vomiting soon ceased, the bowels were freely moved, the evacuations being dark and fetid, and she soon regained her usual health. I attended her in a number of such attacks, recovery being always speedy. In the last one she had been sick for two days, precisely as before, the same remedies being resorted to with apparent relief, with the exception of the bowels not being properly moved. The state of prostration became very great, pulse small and weak, skin cold; abdomen very slightly tumefied, but not particularly tender on pressure. She rapidly sunk and died, three scanty evacuations by enemas being all the movement of the bowels that could be obtained.

Post-mortem. When the body of this woman was laid on the table and exposed for dissection, and my eye caught sight of a tumor in the right groin, I know not that in all my professional career I ever experienced deeper mortification, for the truth immediately flashed upon my mind, this woman has died of strangulated hernia, and I knew it not. But so it was, and

here is what dissection revealed. On the right side was found a femoral hernia, about the size of a pullet's egg, the integument covering it not being in the least discolored, and reduction could not be accomplished. On laying open the sac a knuckle of small intestine was found adherent to it by soft and evidently recent adhesions; the bowel was of a darkish color, but nothing like gangrenous; the sac contained also a small portion of omentum, which was firmly adherent to it. The whole calibre of the bowel did not seem to be involved in the hernia, one side of the bowel being extended into the sac in the form of a pouch, leaving a small space for the passage of the intestinal contents. The stricture was very tight. On opening the abdomen the small intestines were found considerably injected, but the peritoneum was shining and transparent, the vessels being distinctly traceable to their termination, and not the slightest adhesion existed between them. The peritoneal cavity contained a few ounces of muddy serum.

Remarks. When all was over, and it was too late to be of any service, the husband of this patient could state that both he and his wife were aware of the existence of this tumor, and that it was induced about eight years before by lifting heavy burdens; that it never disappeared, but was always much larger during the paroxysms above described. It seems strange that a person could be sick so many years, and so often as this woman was, and yet neither herself nor husband give any intimation of the existence of a tumor in the groin, and yet this does frequently occur, especially among women, and evinces how much vigilance is necessary on the part of the physician in such cases. Had I been a clairvoyant, and been enabled to look into, through, and all around this patient, I should, of course, have detected this hernia, but laying claim to the possession of no such wonderful faculty, and my patient and her husband, from false delicacy or stupid ignorance, being both dumb, the case was left to pursue its own course, to a fatal termination. Still I do not excuse myself from blame. My mind was strongly impressed with the idea that there were bilious attacks succeeding to a severe attack of cholera, but yet, when too late, I could perceive that there was a combination of symptoms which ought to have awakened a suspicion of hernia, and induced me to search for it. It does not seem as though there was in this case sufficient inflammation, either within the hernial sac or abdomen, to cause death, and I account for her speedy dissolution on the supposition that in her feeble condition a slight inflammation, even in its first stage, was sufficiently depressing to extinguish life. I suppose that these repeated attacks which the patient experienced arose from temporary obstruction in the bowel and incipient strangulation, and that by the means resorted to they were for the time overcome. In case of an operation in this instance, I think it very doubtful as to whether the bowel could have been returned, the omentum certainly could not.

Case 6. Whilst officiating at the already mentioned Dispensary, a man was admitted a patient, æt. 40, of a pale, phthisical aspect, who stated that for some weeks past he had been suffering from cough and hæmoptysis. He further stated that a few hours ago, whilst making some little exertion, he experienced a severe pain in the right inguinal region and the manifestation of a tumor there. He had vomiting and constipation. The dwelling and surroundings were miserable. On examination, I found an oblique inguinal hernia, occupying the inguinal canal, and which by taxis could be made to ascend to the internal ring, but further than this I could not make it go. I called to my aid one of the surgeons to the Dispensary, who, also failing to accomplish reduction, undertook to relieve the stricture by operation. By way of explanation of what follows, I would here state that the operator was a comparatively young man, not having received the appointment long, and having never operated for hernia before. He made the usual incision, but, as I judged, too much over the external ring instead of the internal, where the seat of stricture was. He opened the sac all right, but had then to pass his finger quite a distance to reach the stricture. He made several efforts to pass up a director on which to divide the stricture but failed, and finally became so embarrassed that he gave it up, closed the wound, and the patient was left on my hands to die, but strange to say he would not die, and did not, but for about three weeks vomited fecal matter, being greatly prostrated, and abdomen distended, and every visit I expected to find him dead. He was given opium and all the nourishment that could be taken. At the end of about three weeks the vomiting suddenly ceased, as also the pain and distressing feelings in the abdomen; the bowels

spontaneously moved freely, and it was evident that the hernia was reduced. The opium and nourishment were continued, and in a few days he was in his usual state of health.

Remarks. My first remark is that in this case the vis medicatrix natura was evidently the best surgeon; all the credit that can be given to the operator, and that is considerable under the circumstance, is that he did no injury to the bowel by his manipulations. 2. The wonderful tenacity of life manifested by some individuals. Here was a man surrounded by squalor, and under the most desperate circumstances for three long weeks, and yet finally triumphing over all, and making a good recovery. The stricture in this case seems to have been sufficiently tight to obstruct the passage of the bowel, but yet not sufficiently firm to strangulate the bowel and obstruct its circulation, for in this case gangrene must have taken place long before the expiration of three weeks.

HEADACHES, FROM HEAT-STROKE, FROM FEVERS, AFTER MENINGITIS, FROM OVER USE OF BRAIN, FROM EYE STRAIN.

BY S. WEIR MITCHELL, M.D.,
Member of the National Academy of Sciences.

In the recent discussion of neurosal headaches, the attention of the profession has been well recalled to this everyday subject, yet not by any means has all been said as to the other forms of intra-cranial pain. We have had occasion to see most of these varieties of pain at my clinic; others are, for obvious reasons, more common in private practice, but as to none of them are we, as yet, clinically, so well informed as we now are in regard to migraine. As concerns headache, its causes and cures, if we leave out migraine, I do not know a subject in medicine so unsatisfactory in its literature. In England, when all other possible causes fail it is said to be gouty. Gout being there an easy and credible answer to all medical riddles. Indeed, it is curious to see how much it figures as a cause in English medical books, while with us it is, in truth, a disease so rare that probably many country practitioners have never seen a case of acute gout.* I myself have seen, in three years, one instance of really acute gout. In fact gout went out when Madeira became a possible wine to the very rich alone.

In place of gout as a hidden cause of headaches, I find the American physician apt to fall back upon neuralgia or rheumatism, and no doubt neuralgic headaches are common enough in all their forms, and are often to be dealt with, I think, as neuralgias of the meningeal branches of the fifth nerve. As to rheumatic headaches, they at least are rare, very rare; that is, occasional fits of pain in the head distinctly to be traced to rheumatism.

There are, however, many headaches which can be assigned to one of five causes or origins. Some of them are very common in this country and some may be found, I presume, in all climates, although but little attention has been given to them. I shall deal with them here in turn, looking upon this present delineation as but a mere clinical sketch, greatly needing to be filled up from future observations.

The five forms of headache to which I wish to call attention are:—

1. The sun-headache.
2. The headache which follows cerebro-spinal meningitis.
3. The headaches left by low fevers, such as typhoid.
4. The headache from over use of the brain.
5. The headache from eye strain.

All of these cephalalgias I have seen many times, and of every degree of severity, sometimes as recurrent pains and sometimes as chronic, and rarely absent. As to prognosis, and as to chances of relief, they greatly vary, as I hope to point out.

Headache from over-heating I have elsewhere called sun-headache, because it is commonly due to that source of heat, and I can recall only one example of it as arising from any other form of over-heating.

I have notes of fourteen cases of sun-headache, and have certainly seen a much larger number.

* This very extreme statement is strictly correct. On the day after writing it I had occasion to meet three physicians, one from a large country town and two from purely agricultural regions; no one of them had ever seen a case of gout. This fact is worthy of note. We certainly see gout in our great cities; but as compared to what it once was, it may be said hardly to exist. Perhaps these comments may bring out from others some statements as to the amount of gout, north or south, in town or country. Such information would be curiously well worth the gathering. I think it would show most clearly how little the American doctor should, in some directions, trust the English Text-Books.

It arises in one of two ways, of which typical cases will best tell the story.

In one there is sun-stroke with all its dangers, and in full completeness of symptoms, and as a consequence, future liability to headache. In the first case of this kind which I saw, a physician fell insensible, from sun-heat. He remained insensible at least a week, and then awakening by degrees, became conscious of a headache so terrible that his almost frantic entreaties to be bled, which at first were looked upon as delirious ravings, were listened to, and he was bled over thirty ounces; he remembers still, through these days when there is too little bleeding, the ecstasy of relief it brought him, leeches, baths, cold, and so on having been vainly tried. After it, came a deep slumber and rapid convalescence. The legacy left by this sunstroke was a liability to headache unknown before; exertion, slight over-feeding, too long study, all had power to bring back headache, which usually affected the forehead or vertex, and lasted a few hours or a day, to be eased always by sleep. A hot room or sun-heat was a most sure cause of return of pain, and, as usual, sun-heat being the worst of all heats, since during exposure to sun we are also apt to be in motion, and thus making heat ourselves. This case is a type of the rest, except that sunstroke often leaves a chronic and almost constant pain, liable to increase in severity at times. The owner of an oyster smack, much exposed to sun-heat, while working hard, had a slight sun-stroke, was senseless one night, and wandered in mind for some days, having high fever the while. Then he got well, save for a slight but steady frontal headache, which lasted through a year, after which, until now, being in all three years, he suffers pain only on great exertion, or upon being a while in the sun. Also he has at times, like all of these patients, headaches which can be traced to no obvious cause.

Quite rarely the headache is attended with vertigo—usually a sense of want of power to balance, and not a feeling of change of position or of movement in objects seen. It is more common to find great disability to use much physical exertion; that is, exercise, if at all severe, brings on a pain which sometimes steadily increases, so as at last to inhibit exertion for a time. An extreme example was seen by me in the case of a very able man, who gave up school teaching on account of the effect of its confining life on his health. The first summer he developed, in the harvest field, in July, a headache, which returning earlier each day of heat and labor, at last forbade work. It did not cease with rest, but grew worse for a week, having with it a high fever. Then it left him, and returning on small exposure to heat, would often last a week. It is now four years since he suffered from the sun, and in the last year the pain is felt daily for a time and then is absent a week or two. It gets worse towards night, but he thinks his head is never quite painless; a cough, a sneeze will hurt it. Has rarely true vertigo, and has no nausea, but if he lifts a heavy weight the pain comes on, or if present grows intense, the vision gets blurred, and he suddenly loses strength. The eye ground is normal, acuity of vision perfect, urine healthy, bowels regular, but life is deprived of all energy, and while memory and intellect are alike good, their long or intense use breeds pain. Then, lastly, he has a symptom not noticed in books, but frequent in these cases, a more or less persistent soreness of scalp over the site of the pain, which is either frontal or occipital.

These are fair types of sun headache. There is a typical sun-stroke followed by a novel liability to headache. Or else long continued and frequent exposure, without an acute stroke, brings on a headache which in either case repeats itself in the future. In the summer it comes surely, and often, and severely, and on curiously slight exposure to the sun. In winter it is less frequent. Then also, in bad cases, it is worse from exertion, and although the mind is not perceptibly enfeebled, there is a lessened capacity for mental labor, and sometimes almost an impossibility to read, write, or think intensely.

The future of these cases is, on the whole, hopeful, if they can secure retreat to cool regions in summer and are free from the need to exert their muscles actively at that season. I have never treated a case in the outset when it was an immediate result of sun-stroke, but I am sure it would need other treatment than that which is wise in the acuteness of the thermal stroke. I have said, in the appendix to Dr. Horatio Wood's able essay on "Thermal Fever," that the consequences of this disease are usually some grade of meningitis, cerebral or spinal, or both, and I have there, by cases, supported the assertion, which since then I have seen new reason to trust. I believe that sun headache is probably a meningeal congestion, or sometimes

a sub-acute inflammation, with variable degrees of disturbance of the sub-meningeal gray matter of the brain.

I have in several cases tested this belief, where the condition seemed doubtful, by allowing my patient to inhale nitrite of amyl. It is apt to cause an increase or return of exactly that kind of pain which the patient knows as "his headache," while, in healthy people, it usually gives rise only to a sense of fullness. I do not know if the tendency to a too easy and great filling of the vessels on exertion, physical or mental, be the essence of the disturbance which gives the headache. It may be but a link in the pathogenetic chain, but it seems to be an essential link. This headache, like many others, is a congestive headache. Where it is intense and frequent, I do not hesitate to leech. Twice, at least, where the pain was frontal and one-sided, section of the temporal artery proved invaluable. The cold douche, twice a day, comes next in usefulness, and a long sea voyage in cool latitudes has again and again proved of service. I may say has proved curative. The hygienic precautions are obvious, but as to drugs I speak with graver doubt. I think that I have seen most good from the long use of small doses of iodide of potassium (five-grain doses), with ten-grain doses of a bromide, preferably the lithium bromide. In these days of utter scorn of the specific effects of mercury, I should not fail to add that in rare instances of steady sun-pain I have seen it yield for the first time, while the patient's gums were "touched" by calomel, and I shall have to make the same sad confession as regards another form of headache. I have used, with no valuable effect, belladonna, and as to ergot I am still in some doubt. Iron is sometimes badly borne, and arsenic is the most available of the tonic remedies, but it must be most persistently and patiently used.

It is necessary at times to do something to give immediate relief to the too prolonged pain, and in these cases a combination of cannabis indica and morphia answers very well; but in a disease so wearisome and long, it is well to be more than cautious in ordering narcotics.

There is a milder form of heat headache, which is not the direct result of any form of sun-stroke. I do not think it can be very common, but I have met with a few cases, and know of others. It is simply a vertex headache which occurs only in summer, and then usually from uncommon exposure to heat. It passes off during the following night, and is, I believe, more often to be met with in women than in men.

Headache, Following Cerebro-Spinal Meningitis.

I have placed this form of head pain after sun-headaches, because they are more akin than any of the remaining cephalalgias. Their pathogenesis is also more clear, and I have twice, at least, been able to trace the following distinct sequence: First, a long attack of cerebro-spinal meningitis, being probably what we call spotted fever, slow recovery, followed by a protracted headache, chiefly on the vertex; next, a long period in which there was frequent headache from heat, or under provocation of exercise, or use of brain, or without distinct cause. Then came evidences of basilar meningitis, double vision, hemi-anæsthesia of the face, and lastly, signs of cervical meningitis, partial brachial palsy, and in one case convulsions. One case ended in death, and exhibited evidence of old meningeal lesions of brain and cord; the other is still alive and under observation. With such evidences it becomes most probable that the headaches which follow cerebro-spinal meningitis are due to permanent subacute lesions of the meninges; also they help to make likely a similar pathogenesis in sun-headaches.

The post-meningitis headaches are more apt, I think, to follow the forms of disease which affect the periphery of the brain, rather than the basilar meninges. They are also more severe, and are more apt to take on the form of chronic every day headache, of which my note books offer several examples. I have now in my care a case in which the pain lasted steadily for a year, and after fading away altogether was renewed with fresh violence by a single long exposure to the sun.

It has now ceased to be continuous, and, under the use of iodide and bromide of potassium, with cold douches, and a strict diet of milk and vegetables, is becoming a rare and lessening plague.

The same causes which increase heat-headache act in like manner on the pain we are now considering. Sun-heat, exertion, mental labor, and worry or excitement, are to be sedulously avoided, while the treatment is also in every respect the same. As to the remote prognosis, I can say less, since I have not been able to follow far enough such a number of these cases as

would enable me to speak on this point with full authority.

The Post-febrile Headaches,

Or those which follow typhoid or typhus, and severe malarial fevers, are, I think, more rare than those of which I have just spoken. I have notes of but four examples, and can, therefore, speak with less assurance as to all of their peculiarities. Two of these cases were in young girls, who, before their fevers, had no headaches. One was in an older woman, and one in a middle-aged man, but I can recall others of which I have no notes.

We may take this as a type. A well-made, sturdy girl, of eighteen, had a typhoid fever, lasting for a month. The head symptoms were well marked. It left her with a liability to intense headache, which recurred about once a week, and was confined to the vertex whenever it was not a generalized intra-cranial ache. It was no worse in summer, but was increased by exercise, and seemed, indeed, to be at times brought on by physical fatigue. It was said to make pale her usually quite rosy face, and this was surely so, when, as chanced rarely, it lasted for many days at a time. By slow degrees this headache became less severe, and less frequent, and finally, after a prolonged bronchitis, which put her to bed for three weeks, it altogether vanished. In all other respects her health was perfect during the many months in which I treated her. This is a simple and too meagre clinical history. A frequent headache following typhoid fever. A head-pain, without eye troubles or nausea, but severe and frequent. I have seen a like outbreak of headache after remittent, and once after yellow fever, but in this latter case there was quite a steady ache, made worse at times, and with it a constant lumbar pain, such as sometimes is left as the sole legacy of a typhoid attack.

I have found these post-febrile headaches very unmanageable, nor have I any reliable means of tracing them to local vasal conditions of fullness or emptiness. Strict care as to the bowels is one essential aid. Steady exercise is another, and I may remark here that two of my patients being daughters of farmers in easy circumstances, their treatment was made difficult by the fact of the inertness of our country-bred girls, who take but a tithe of the exercise which city women are used to. I noticed in both of these cases that the change to city life relieved the headache before they applied to me, so that I fancy change of air is valuable, as it is in nearly all headaches. But despite all treatment, local or general, such headaches are apt to endure for years.

(To be Continued.)

Medical Societies.

WISCONSIN STATE MEDICAL SOCIETY.

The Wisconsin State Medical Society held its Twenty-eighth Annual Session in the city of Janesville, June 16th, 17th, and 18th.

The Session was called to order by President Waterhouse, and Dr. Whiting pronounced the address of welcome.

After the usual preliminary business, reports of the standing Committees were called for, and papers were presented as follows:—

Surgery. By Dr. L. G. Armstrong. "On Recent Improvements in Surgical Appliances."

Obstetrics. By Dr. F. H. Linde, "On Obstetrics in General Practice."

Pathology. By Dr. C. L Stoddards, "On Liver Pathology, Old and New."

Medical Education. Papers by Dr. Mason and Dr. Whitney.

Diseases of Eye and Ear. By Dr. E. W. Bartlett, "On Progressive Near-sightedness."

Volunteer papers and cases were also presented by the following gentlemen and discussed by the Society.

Dr. H. Van Dusen narrated an instance of removal of the entire one-half of the inferior maxillary bone, with, as he believes, its periosteum, followed by its perfect reproduction, without deformity.

Dr. Irwin related an interesting case of metastatic action between an inflamed parotid gland and the meninges of the brain.

Dr. Manly gave the history and pathological condition of a case of carcinomatous colon.

Dr. Griffin, in compliance with a request made by the Society a year ago, read a carefully prepared and exhaustive treatise on vaccination.

Dr. Marks was called out, and gave a running digest of what he had seen of interest to the profession during his recent vacation in Europe.

Dr. F. H. Linde gave a detailed description of a case of disease of the shaft of the femur and knee-joint, and exhibited pathological specimens.

Dr. Kempster, Superintendent of the Northern Insane Asylum, read an extensive and ably prepared paper bearing upon his specialty, in accordance to the invitation of the Society.

Dr. Palmer described a case of foreign body in the lung, removed by tracheotomy.

Dr. Morrill gave the history of a case of puerperal eclampsia.

Dr. Linde described a novel case of destruction of the entire scalp by accidental contact with the machinery of a shingle mill, and the obstacles he encountered in endeavoring to effect cicatrization. Although ten months have

already elapsed since the accident, the ulcer still covers a considerable portion of the original wound. Skin grafting had proven but moderately successful in the case.

Dr. Senn read a scientific paper on operative treatment of pleural exudation.

The membership of the society was reinforced by the admission of the following gentlemen:—

Dr. Geo. H. Calkins, Waupaca; Dr. J. E. Gee, Brandon; Dr. William T. Leonard, Wonewoc; Dr. Alois Graettinger, Milwaukee; Dr. E. E. Loomis, Janesville; Dr. Samuel S. Bowers, Fond du Lac; Dr. Eli W. Fairman, Oxfordville; Dr. Charles E. Booth, Elroy; Dr. Geo. E. Catlin, Geneva; Dr. Benj. T. Phillips, Menominee; Dr. Clark I. Miller, Whitewater; Dr. G. M. Steele, Oshkosh; Dr. Wm. Monroe, Monroe; Dr. Geo. D. Wilbur, Mineral Point; Dr. T. W. Evans, Stoughton; Dr. J. C. Hall, Monroe; Dr. H. W. Bradshaw, Monroe; Dr. Wm. Hausman, Ashford.

The address delivered by the retiring president, Dr. Waterhouse, was a scholarly, thoughtful production, on indolence in the profession, and was received with marked favor.

The election of officers for the ensuing year resulted in the selection for President, Dr. J. T. Reeve, Appleton; First Vice-President, Dr. E. W. Bartlett, Milwaukee; Second Vice-President, Dr. L. G. Armstrong, Boscobel; Secretary and Treasurer, Dr. Theron Nichols, Milwaukee; Assistant Secretary, Dr. Wm. Fox, Madison.

The Standing Committees were then announced for the ensuing year:—

Arrangements—Drs. Brown, Fox, Hobbins.
Practice—Drs. Ferrin, Manley, Brenton.
Surgery—Drs. Marks, Dodge, Mason.
Pathology—Drs. Palmer, Wiggenton, Senn.
New Remedies—Drs. Armstrong, Fox, Brett.
Medical Education—Drs. Waterhouse, Wilbur, Hunt.
Diseases of Ear and Eye—Drs. E. W. Bartlett, Stoddard, H. B. Johnson.
Finance.—Drs. Dickson, E. M. Rogers, Godfrey.
Ethics.—Drs. Faville, Dalton, Bond, Waterhouse, Russell, Galentine, H. Van Dusen, J. G. Meachem, Senn.

SPECIAL COMMITTEES.

Diseases of Brain.—Drs. Kempster, Fuller.
Diseases of Skin.—Dr. C. Linde.

Delegates were appointed to the American Medical Association, and to the medical societies of adjoining States.

The Society then adjourned to meet on the first Tuesday in June, 1875, in the city of Madison.

The profession of the State may with good reason feel encouraged in their efforts to maintain a State Medical Society. The recent session showed not only an increased attendance, but other indications of a vigorous, healthy growth. The papers presented were carefully prepared, and of unusual value. The citizens of Janesville, with the Committee of Arrangements, contributed very much to make the meeting pleasant as well as profitable.

THERON NICHOLS, *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Villate's Mixture and its Uses.

Dr. R. R. Hopkins says, in a paper in the New Orleans *Medical and Surgical Journal*:—

GENTLEMEN:—The introduction of Villate's mixture in the surgical therapeutics is of recent origin. A French veterinary surgeon having stated that with the use of this solution he daily cured caries of bones in animals, and especially in the horse, Dr. Notta first thought of applying the remedy to the human subject, and in March, 1863, published six observations. The celebrated Nélaton heard of the result, and gave it a trial in his extensive practice, both in the hospital and outside. His successes were such as to bring this new therapeutical agent to the notice of the medical world.

In March, 1866, Dr. Notta published two memoirs confirmatory of these assertions, which proved to be worthy of a premium from the Academy of Medicine and a reward of 3000 francs.

It was in January, 1829, that Villate, the author of this solution, made known his first successes.

In 1831 Mr. Miroud gives the formula of the mixture of Mr. Villate, and says: "I have had several times the opportunity of observing its salutary effects in cases of caries. I noticed that it hastened the exfoliation of the necrosed or carious parts, gave a more healthy appearance to discolored surfaces, and had a tendency to stop certain morbid exhalations."

During the ensuing ten years no mention is made of this preparation. Some practitioners used it, but never published the results of their observations.

Up to 1842 the operation on the horse for fistulous withers was very frequently performed; but from that time, and since the publication of

some very good observations on the use of this mixture injected in the fistules resulting from caries of the fibro-cartilage of the bone of the foot (javart cartilagineux), that operation was altogether put aside.

From this date the solution became generally known, and the reputation of a few eminent veterinary surgeons is due solely to the rapid cures obtained by the use of this preparation.

They employed it against denuded surfaces, fistules, carics, necrosis, profuse secretions, catarrhs of the ear, and some skin diseases of long standing. They always observed that the greater the chronicity the more satisfactory was the result. · Its use was to be kept up until complete recovery. Even in cases where instruments had to be used for the removal of a large sequestrum the topical application of this agent subsequent, as also previous to the operation, has always proved itself superior to all other known substances.

It has been used in caries of almost every bone and articulation of the body; in cold abscesses of the neck, deltoid region, back, superior third of the thigh; in fistules resulting from abscesses by congestion; those of the lachrymal gland, of the anus, of tuberculous affections of the testicle, etc. Diluted in water, one part to ten, it is said to cure every case of gleet.

Though I am inclined to believe that the efficacy of the mixture has been exaggerated by its advocates, still I do not doubt of the accuracy of the observations gathered and published, and think it a good addition to our therapeutics. Lately in Paris, Dr. Polaillon cured several cases of chronic otorrhea with this solution. The facts were so evident, the treatment so simple, that I concluded to use it in such cases, should I have an opportunity. During the last two years I have used it successfully four times; and in my researches, having failed to find any mention made by American physicians where this preparation has been used, I concluded to present to the Association my observations, with a few general remarks on the mixture.

The original formula of this solution, as first composed by Villate, is as follows:—

℞. Liquoris plumbi subacetatis, ℥j
Zinci. sulphatis, crystal,
Cupri. sulphatis, " aa ℥ss
Aceti. vini. albi. fl.℥vjss. M.

Dissolve the salts in the vinegar and add the subacetate of lead. Shake before using.

Dorvault, Bouchardat, and some other authors put ℥viij of vinegar instead of ℥vjss; but Dr. Notta does not think that this modification is of any advantage, and prefers Villate's original formula.

It is very important that this preparation should be made as I stated. Druggists very often substitute for the white wine vinegar a solution of pyroligneous acid, in which case the liquid acts like a powerful caustic, and the patient cannot bear its application. These two solutions can be very easily distinguished at first sight: when the pyroligneous acid is used, the solution, once settled, has a bluish hue; but when prepared with the white wine vinegar it has a greenish hue. This is a capital point, for surgeons have noticed a great difference in using both preparations on the same patient. The pyroligneous acid solution has produced excessive pains and serious symptoms of irritation and inflammation.

I do not understand the idea of Villate in combining such substances, for the result is a general decomposition.

Evidently the mixture of Villate owes its precious qualities in therapeutics to the presence of all those substances entering into its composition, and not to any special one to the exclusion of the others. Each of these salts tried alone acts more or less like an astringent or a caustic, but does not give the same results; therefore, however strange seems to be the preparation, it is preferable not to modify it as some have proposed to do.

The mixture of Villate, when first injected into a fistule, or applied to a wound, produces a sharp pain which may last an hour or more; but the patient soon becomes accustomed to it, and in a few days bears it without complaining. To avoid violent pains in nervous or irritable patients it should be at first diluted with water, and the dilution gradually made stronger until they can bear it pure. The first injections determine inflammation in the parts coming in contact with the solution. Those inflammatory symptoms are generally limited. Suppuration is more abundant, but will soon diminish and stop entirely, which indicates a rapid process of cicatrization. In caries, flakes of bones will very often be washed out by the injections, or thrown out with the suppuration, but after their elimination the cure will soon follow.

Judging from the effects produced, the mixture of Villate seems to act as a mild caustic in stimulating the wounds, and sometimes in forming on the surface a thin eschar, or a false membrane, which, when removed, leaves a healthy and granulating tissue ready for cicatrization. This escharotic action in some cases may be too active, therefore it is necessary to watch the effects of the mixture, and not to allow it to remain in the bottom of wounds. The mixture of Villate could not be used, like tincture of iodine, in the treatment of cysts or circumscribed collections; in other words, in cavities not communicating with the exterior, into which more or less tincture of iodine can be safely injected. It is necessary that it should run out easily; it should therefore be employed only in the treatment of those cavities communicating with the exterior by means of fistules.

The effects of these injections are local. Some authors, however, declare that when the injections stop profuse suppurations, the modification brought over the local affections is such that patients recuperate very fast, appetite and strength are restored, and they themselves call the attention of the surgeon to the change.

Action of Bromide of Potassium.

The New York *Medical Record* contains an abstract of a paper by Dr. Carr, in which he remarked that it was altogether probable that the bromide of potassium has been used in past years as a kind of fashionable remedy, and, perhaps, many times without very definite knowledge why it was used. At the present time, however, we have arrived at a better knowledge, and the remedy can be prescribed with a degree of certainty that we are to obtain such and such results.

The remedy is now recognized by the profession in general as being one of efficacy, and if the results obtained when it is administered are not what were expected, it may be from want of knowledge of the peculiar conditions of system best adapted to its use, rather than from the lack of efficacy in the remedy itself. It now seems well established that bromide of potassium has the power to produce contraction of the capillary blood-vessels, particularly the capillaries of the brain. It is important, therefore, when the remedy is to be administered, to determine, if possible, whether the brain is capable of resisting its action upon the capillaries. If the amount of blood thrown upon the brain is sufficient to produce capillary congestion, and consequent convulsions or epileptic fits, the administration of such a remedy as the bromide of potassium, which has the power to contract the capillary blood-vessels, will be of service; but if the brain is already without the proper supply of blood, the extra amount which will be removed from it by the action of the bromide of potassium will not only not benefit the patient, but will probably increase the force of the paroxysmal seizure.

The preparation among the bromides which he most favored in the treatment of epileptic affections was the bromide of zinc. It is to be administered in fifteen-grain doses four times a day.

The Treatment of Bright's Disease.

The *Doctor*, of May, has a resume of the treatment recommended by Dr. Immerman, of Basle:—

In acute parenchymatous nephritis the causative indication most frequently coincides with the treatment of the fundamental lesion from which this affection is caused in the majority of cases. Besides this, we have in the acute, as in the chronic form of parenchymatous nephritis, to ward off all injuries which are caused by the hyperæmia of the kidneys, and which may call forth an increase and relapse of the inflammation. Hence a most careful avoidal of all catching cold, and forbidding in the diet all greatly spiced articles, as also alcoholic fluids; at the most, small quantities of Bordeaux wine mixed with water are permitted to be drunk. The nature of the disease requires struggle with the hyperæmia, which attains high proportions in the acute forms, and also is not wanting in the chronic forms, especially at the time when relapses ensue. Of a recovery from the anatomical alteration in the cells of the parenchyma we can only speak when we treat of the commencement of the swelling and degeneration of these; all notable alterations are irreparable, and a cure is in the most favorable cases only possible by throwing forth of the dead epithelium.

Among the symptoms of both forms of parenchymatous nephritis; dropsy takes the first place in the chronic; and in the acute, dropsy and uræmia, on account of their dangerous character. These first engage the regard of the physician. Dropsy takes place on two occasions, from loss of albumen and retention of fluid; in the chronic form the first is prominent, and in the acute, Bright's disease, the latter is most important. The retention of the constituents of the urine, and perhaps also of the water, is further a cause of uræmia. The symptomatic indication therefore requires, in both forms of nephritis, after the discovery of the loss of albumen, the getting rid of the water retained and the other urinary constituents, whether by the increase of other secretions which affect the activity of the kidney, or by clearing out of the urinary canals from the cylinders of epithelium, and attacking the swelling of the cells. The most important therapeutic means of following these indications are: the employment of tannin, methodical diaphoresis, and diuresis and the milk cure.

Tannin is given forth as gallic acid by the kidneys, and hence the recommendation of its use as a local astringent in kidney disease is perfectly rational. The use of this same remedy is to be confined to the times and periods of parenchymatous nephritis, in which we can count upon the presence of hyperæmia and swelling in certain regions of the kidney, that is, in which some blood is seen in the urine; the quantity of the urine is lessened, and the quantity of albumen is lessened. This is quite without power in the contracted kidney, or in stationary albuminuria, after alteration of the parenchyma to a great extent.

Methodic diaphoresis is a very important increase to the therapeutics of dropsy. By the artistic production of profuse sweating, not only great quantities of fluid are withdrawn from the body, as much as 2.50 kilogrammes may be withdrawn in two or three hours, but also, as Leube has shown, relatively great quantities of urea and other products of the repressive metamorphosis of the tissues are got rid of, by which we may guard against uraemic blood-poisoning. The flow of blood to the skin which accompanies the diaphoresis at the same time works as an antagonist to the kidney congestion. Professor Immermann uses methodic diaphoresis in the following cases: 1. In hyperæmia as a derivative, *i. e.*, in acute Bright's disease especially, as also in relapses and exacerbations of chronic parenchyma ous nephritis, and indeed, whether the patient is dropsical or not. 2. In threatening or present uræmia, and especially when none of the precursors of uræmia are

present, since, according to the observations of Bartels and Niemeyer, as the water transudes, the urea in the blood may call forth uræmic symptoms.

Methodic diuresis has for its aim a canalization of the kidney by casting forth of the urinary cylinders and recovery from the swelling of the epithelium. It is to be understood that the strong diuretics, squills, juniper, and cantharides, in which the increase of the urinary secretion is the consequence of an irritation of the tissues of the kidney, are out of the question; only such diuretics are suitable by which, without direct irritation of the tissues, the filtration of the urine in the canals is made easier, or by which the same effect takes place by means of the special affinity of certain salts to the membrane and cells. A mechanical increase of the sides pressure in the little canals can be caused by the use of large quantities of distilled water. Professor Immermann has for two years had excellent results from giving the patient daily two litres of distilled water, whilst the patient at the same time partakes of milk in acute Bright's disease. Acetate of potassa in large doses is useful.

The milk cure is useful in all cases where the patient can bear large quantities of milk well, both in acute and chronic parenchymatous nephritis. It acts as an easily assimilable albuminous nutriment; by its water and its potash salts, it is a diuretic.

Dr. Immermann, with the view that it is right in such diseases as threaten life to order rules of therapeutics distinctly, combines also in Bright's disease the several active materials into a systematic and active treatment, and uses tannin in all suitable cases at the same time in solution, with methodic diuresis and diaphoresis, and finally the milk diet. The results obtained in the hospital of Balse by this method were extremely good.

Reviews and Book Notices.

BOOK NOTICES.

The Physiology of the Circulation in Plants, in the Lower Animals, and in Man. By J. Bell Pettigrew, M. D., etc. Illustrated by one hundred and fifty engravings on wood. London, Macmillan & Co., 1874. pp. 329.

This volume presents a course of lectures delivered at the Surgeons' Hall, before the Royal College of Surgeons of Edinburgh, in 1872. The distinguished lecturer shows himself abundantly able to descant upon the circulation of the vital fluid, whether in animals or in plants. His account of the circulation in plants is intensely interesting, and by itself would prove of great value to the student of nature and her laws.

On the subject of *circulation in metals*, he says, "Seebeck has shown that when dissimilar metals are made to touch, or are soldered together and heated at the point of contact, a current of electricity flows through the metals, having a definite direction according to the metals employed; which current continues as long as an increasing temperature is gradually pervading the metals, ceases when the temperature is stationary, and flows in a contrary direction with the decrement of temperature.

In treating of the circulation in animals, he speaks of invertebrata; vertebrata, fœtal circulation, valves of the vascular system, the ganglia and nerves of the head and their connection with the cerebro-spinal and sympathetic systems, in mammalia.

While treating of the fœtal circulation, he says, "I am disposed to believe that the fœtal and maternal tufts are radically distinct, and that each is provided with its appropriate coverings; that, in fact, an open space exists between the two." He designates this "the *utricular space*, from the fact that the utricular secretion or cotyledonous milk is poured into it."

Space will not permit us to pursue the subject further. At every page the eye lights upon matters of the first importance, presented so clearly and so well illustrated that the reader is charmed into a forgetfulness of time. In his introduction, he says, "In order to give an intelligible account of the circulation, and the apparatus by which it is effected in man, it will be necessary to avail myself of whatever collateral information is within reach. This will lead me to speak at more or less length of the so-called circulation in plants, of the circulation in the lower animals, and in the fœtus. By adopting this method I hope to be able to lead up to the complex circulation as it exists in man, by a series of steps, which, when taken together, will form a sort of royal road to the goal at which we would ultimately arrive. The time devoted to the journey will not be lost if I succeed in placing before you the links, fearfully and wonderfully made, of a chain, on the integrity of which life itself may be said to depend." In this effort the author has succeeded to a wonderful degree.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 25, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

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The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

A COLLEGE FOR SPECIALTIES.

A few years ago some ambitious gentlemen in a northern city distributed a circular announcing the formation of a college for instruction in the specialties of medical science. The circular was unfortunately, one might say almost ludicrously worded, and was enough to quench the embryonic scheme at its very conception. Nevertheless, one who watches the rapid divarication of practice in all large cities must acknowledge that specialism is bound to win in all such centers of competition, whatever the old heads say to the contrary.

It is the same in the old world; and the antagonism which the idea there encountered at one time is giving way. The Paris correspondent of the British *Medical Journal* says, in a recent letter:—

"Notwithstanding all that has been said and written on both sides of the Channel in disparagement of specialism in medicine, specialists, in France at least, are, whatever be the motives of the parties referred to, daily on the increase; and, as mentioned in one of my last letters, we have the approval of specialties by no less an authority than M. Depaul, Clinical Professor of Obstetrical Medicine and Surgery, of the Faculty of Paris, who, in the introduction to the first number of the journal recently founded by him, sets himself up as an apologist for specialists, and declares that it is almost impossible for any man to be an 'encyclopædist.'"

This is eminently true, and there can be no question but that he who devotes himself to one limited territory of science can explore it more thoroughly than he who wanders over the whole realm of medicine.

The opposition to specialism arose largely from the notion that it meant ignorance of other branches, as great in proportion as it gave knowledge in the one. This is a mistake. The real specialist appreciates too well the numberless harmonies and secret sympathies of the economy to overlook or underrate the value of a broad and thorough knowledge of all its parts, functions and lesions. He will embrace all these in his ken, but bend this knowledge to one point, and upon one focus.

That a school will ultimately be demanded where graduates from our colleges can have the opportunity to perfect themselves in one or the other branch is obvious; and the more pertinent inquiry is, has that time yet arrived? Probably it has. Only a few of our largest cities can afford the requisite facilities and—abilities. There should be some place, short of Europe, where a physician can obtain a thorough course in ophthalmology, gynæcology, or any other special branch. As it is, he must enter the private office of some well known leader in the line he seeks, or he can get no opportunity in this country to acquire this training. Many practitioners are anxious to profit by such special studies; it is time an effort were made to teach them.

Notes and Comments.

The Control of Prostitution in St Louis.

The *Missouri Clinical Record*, of May 1st, says editorially:—

"The Legislature of the State of Missouri has seen fit, upon high moral grounds, we take it, to repeal the ordinance of the city of St. Louis appertaining to the regulation of prostitution. In its stead we have been presented with a 'compromise,' so-called, more absurd in its provisions, and calculated to be more pernicious in its results, than any similar enactment in the history of legislation. Whereas, formerly, under the operations of the Social Evil Ordinance, prostitutes were subjected to a systematic police and medical *surveillance*, whereby vice could be repressed, morality and religion inculcated, and the ravages of disease checked; now, we find the authorities hampered, the opportunity for reaching this class with good influences gone, and their, 'right' to spread disease, demoralization and death unmolested.

"That the system of toleration, as tested in St. Louis, operated most beneficially in the interests of the community, and for the welfare of the prostitute, no one can doubt. In confirmation of this assertion, it is but necessary to refer to the carefully collected statistics presented in a report to the Board of Health by our former efficient health officer, Dr. Barret, and to turn to the truly gratifying spectacle of the many inmates of the House of Industry seeking the purer and better way, influenced by the ministries of good men and noble women, which could only thus effectually reach them.

"Moreover, we find, in the face of statements to the contrary, *that the women themselves were fully aware of the physical benefits arising out of the law; for in many instances they have caused the examinations to be continued at their own expense.*"

Yet in spite of this positive and direct testimony from competent medical observers on the spot, the howls of moral fatuists continue!

Strychnia in Whiskey.

The editor of the *Druggists' Circular* does not believe the popular temperance myth of the presence of strychnine in whiskey. He says:—

If strychnia has the power of increasing the yield of whiskey from a given amount of "mash," it is a new property of that alkaloid, which is not mentioned in any work on chemistry. Even admitting that strychnia could help the operation in any way and increase the production, the whole of the poison would remain in the still, for strychnia is not volatile at the temperature of the distillation of whiskey. The whole thing is an absurd story, invented, no doubt, to frighten people. Why not say the truth at once? Whiskey kills more than enough people when pure; it needs no assistance from other deadly poisons.

Varicella and Variola.

The relationship of these two complaints was discussed by a correspondent of this journal some months back. Professor Henoch, of Berlin, in a paper recently published in the *Klinische Wochenschrift*, argues strongly in favor of their radical diversity. He says:—

"It is not singularities that settle the matter here, not the circumstance that individual vesicles of varicella have a central depression, and that their contents may become purulent. Taken altogether, the differences are always so marked, that, to me, a perfect separation of varicella from the variola group seems indispensable. Compare the exception of scarlatina, which in almost all cases commences as a diffuse erythema, but, under very severe cutaneous inflammation, is often enough mixed with papules or with vesicles, which may even have puriform contents. In spite of this, the disease is still scarlet fever. Just in the same way I regard

these exceptional cases of chicken-pox. Two cases came under my care in private practice, in circumstances which to me were decisive. Two sisters, both vaccinated, were ill with varicella at the same time; one had the disease in a severe form, having strong fever, with severe headache, and the body thickly covered with vesicles, some of which underwent purulent change; the other had no constitutional symptoms of importance, and only a very few clear watery vesicles. In another family, a child three years old, who had been successfully vaccinated, was so severely ill that I should have been misled, had I not seen the eruption of clear vesicles. In a fortnight, the elder brother had a very mild attack of vesicular chicken-pox. The extension of the disease among the grown members of the family, or of the household, such as often occurs in variola, was not observed in one of these cases."

These views strike us as very just. All the exanthemata have these exceptional appearances.

The Internal Administration of Phosphorus.

The difficulty of finding an appropriate vehicle for phosphorus in its medicinal uses has long been recognized. Balsam of tolu has lately been suggested for this purpose. Experiment has shown that four grains of phosphorus are perfectly dissolved by ninety-six grains of washed tolu, if melted together under water and well stirred.

The preparation so made, when examined microscopically, does not show any particles of undissolved phosphorus, and when seen in the dark, and rubbed between the fingers, it gives off a perfectly equally distributed light.

This preparation may, therefore, be formed into pills, with every confidence in the equal distribution and activity of the phosphorus.

Swallowing Needles.

Prof. Kosinski, of Warsaw, mentions the case of a young lady, aged seventeen years, who said she had accidentally swallowed a packet of from twenty-four to twenty-five needles, of which sixteen were taken out of various parts of the abdomen by a practitioner. The patient complained of great pain in the region of the navel, the bladder, and the rectum, and loss of blood from the bowels. Several needles were found in the integuments of the abdomen, and one in the rectum. The needles lay horizontally to the surface of the skin, with the eye upwards. The patient was made to confess she had inserted the needles herself.

Urea in Vomited Matter.

The interesting assertion is made by Dr. Juventin, of Paris, in a recent thesis, that the excretion of urea by the mucous membrane of the stomach is normal, and goes on in an amount proportionate to that contained in the aqueous portion of the blood. The blood in the normal state contains 0·16 centigrammes of urea to the litre, according to Picard's analyses.

The quantities of urea contained in the vomited matters he determined by the process of M. Bouchard.

Unhealthy Meat.

At the recent meeting, in New York city, of the Social Science Association, Mr. George T. Angell, President of the Massachusetts Society for the Prevention of Cruelty to Animals, read a paper on that subject, with especial reference to modes of transportation. The writer took the ground that all cruelties and needless pain inflicted upon animals affected the quality of the meat, and in that way the health of persons consuming it was impaired to a degree that was little suspected by those who had not bestowed any thought on the subject.

Correspondence.

Meddlesome Midwifery Reviewed.

Ed. Med. and Surg. Reporter:—

In the Reporter for May 30, Dr. Corson attempts to throw obloquy on some of the modern doctrines of obstetrics.

The Dr. seems to have shot clear of the target, and to have endangered the bystanders by the force and vehemence of his missiles.

Had he attended a late course of lectures at one of our first-class medical schools, he would have heard there announced certain methods of *prevention* and treatment of post-partum hemorrhage.

Let us briefly call to mind what that most fascinating of lecturers, Dr. T. G. Thomas, of New York, says on the subject. "Immediately after separating the umbilical cord, and passing the new-born child to the care of attendants, place your hand over the abdomen of the mother, sink the ulnar side of the hand deep in the yielding tissues, use firm compression, when, in a great majority of cases, you will feel the uterus contracting under your hand, and use slight traction on the cord, when the placenta will be delivered;" but mark, "we are after the womb,

not placenta," and we must remind Dr. C. that it is very reassuring to the attendant to secure the woman from one of the greatest dangers of the parturient state. Further, forty-nine women (speaking advisedly) will get along without the hand over the abdomen, but the fiftieth may flow to exsanguination. Suppose we touch none, but abstain from "meddlesome midwifery," we have no firm assurance that our patient is safe.

Further, Dr. Thomas says, "give, in every case, thirty or forty drops of fluid ext. ergot immediately after the child is born; this will act within half an hour, and becomes an additional safeguard." Now comes the necessity for "*expressis uteri*," which seems to grate upon our reviewer's nerves; quoting still from Dr. T.'s excellent lectures: "If you find the womb flaccid, inert, and doughy. undistinguishable from the other abdominal tissues, knead, compress, and force down, even as though you were trying to expel the womb from the body. You will not do so, but you will soon feel it hardening, becoming firm, and of a size smaller than a fœtal head." That is enough; she is safe, though a few moments ago on the verge of danger.

Allow me to cite a recent case in my experience. On the morning of May 21st, 1874, a messenger called on me, saying that Mrs. Morrison was sick and "very poorly." He said the child (ninth pregnancy) was born. But the woman was bad, and wanted me immediately. The distance being three miles, and on a rough road, it took me the best part of an hour to reach her. As I halted, preparing to tie my horse, the husband came forth, saying his wife was dead; had died some twenty minutes before.

I found the placenta only slightly attached, the uterus as flaccid as a bag, without contents, and the bedding flooded with clots and fluid blood; yet the doctor would inform us that the uterus is always in a condition of maximum contraction, and even were it not, we should be unable to act on it or its contents through the thick abdominal walls. Now was there any meddlesome midwifery in this case?

It is true that compression, ergot, etc., do not always stop the hemorrhage when set up. But we have the resources at command. A writer, not long since, in the MEDICAL AND SURGICAL REPORTER, has taught us how to stop it when other means fail.

After mentioning the hazards of intra-uterine injections, as formerly recommended, he relates several cases in which he tried a sponge saturated with a solution of perchloride of iron, one part, to aquæ six parts, painting the whole of the inside of the uterus with this solution, by a sponge held in the hand of the obstetrician and passed within the flaccid womb. I now always carry a bottle of liq. ferri perchloridi in my box, and by it I had the good fortune to save a valuable life, in a case of post-partum hemorrhage in a primipara.

Doctor C. seems to have one idea firmly fixed in his mind, viz., that the expression is performed for the sole purpose of extruding the placenta. The tuition which I received did not make that the sole aim. Yet it is a most necessary result that the placenta is delivered. But I think the sole end and aim of any manipulative efforts should have for their object the safety of the mother from one of the great dangers of the puerperal state. Now should Dr. Corson's opinions and teachings have any influence at all, it would tend to relax the vigilance of his readers on this particular and most necessary matter. I fully endorse the teachings of Crede, Goodell, and Dr. Thomas, giving the above reasons for the faith that is in me.

A. J. JESSUP, M. D.

West Town, June 3d, 1874.

Gossypium in Dysmenorrhœa.

ED. MED. AND SURG. REPORTER:—

CASE.—Miss Nellie C., aged twenty, has been suffering with dysmenorrhœa, or difficult menstruation, for three years. She came to me and stated that she experienced the pains that accompany menstruation, regularly, every twenty-eight or thirty days, and at one time during the three years she was attacked with profuse bleeding from the nose (epistaxis) and gums, or, in other words, she had vicarious menstruation. Of late she has suffered from cerebral hyperæmia, or capillary congestion of the brain, and for four days she had to keep ice applied to her head continually. This lady I put on the following formula:—

℞ Fld. ext. gossypium herb, ℥ij
Fld. ext. ergot,
Tr. hellebore nig., āā ℥ij

Sig.—Teaspoonful every three hours.

After taking the sixth dose she had a profuse discharge "per vias naturalis," and is now enjoying good health. She has passed another period without any trouble. I have prescribed it in several other cases with happy results. I let the patient commence taking it three or four days before they are expected to occur. I wish my professional brethren would try it.

Respectfully, LOT ALEXANDER.

Pittsburg, July 8th, 1874.

Expulsion of the Uterus with the Placenta.

ED. MED. AND SURG. REPORTER:—

On Sunday morning, May 24th, 1874, I was summoned in great haste to Mrs. ——, who had just given birth to her second child. Found in attendance a midwife who is employed a good deal by the poorer class of the neighborhood, who said a "curious afterbirth had come away," which she could not manage. Found the woman in a very weak and fainting condition, and outside of the vulva and between her thighs a large globular mass, the uterus, with the placenta attached throughout. I speedily lowered the head and shoulders, separated the placenta from the uterus, and returned the latter with not very much difficulty, adjusted proper bandages, and left, there being no hemorrhage. and the patient expressing herself as feeling comfort-

able. My son, Dr. F. E. Clark, saw her in the evening, found her as comfortable as could be expected, having had no pain or undue discharge, and her stomach retaining the nourishment that had been directed. The midwife stated that the mass followed the expulsion of the child in a few minutes, and that the cord was two or three times around the neck of the fœtus, to which fact and the cord being a little shorter than usual, I attribute the accident, if the statement of the midwife be correct, and she had not been tugging at the cord.

J. G. Clark, M. D.
West New Brighton, N. Y.

Chorea in the Black—A Query.

Ed. Med. and Surg. Reporter:—

I have endeavored of late years, with but partial success, to learn the extent to which the negro race suffers from certain diseases of the nervous system. I shall be very greatly obliged by information as to the extent to which chorea occurs among the blacks. It is here, at least, so rare that in a large clinical experience I have never met with a single instance in a colored child, nor have any of the many physicians who have favored me with their own experience been more fortunate. From some portions of the south I get a like negative, and I, therefore, find it necessary to appeal to a larger experience in the hope that I may learn,

1. If chorea is seen in dark colored children.
2. If it prevails more among mulattoes.
3. If it is very frequent or not, in the south, among whites, and at what season it occurs or tends to recur.

For information on these points I shall feel most grateful, nor do I think the profession will fail to think them important, and worthy to be settled.

S. Weir Mitchell, M. D.
1332 *Walnut St., Philadelphia.*

News and Miscellany.

Mind vs Matter.

It is a curious notion, which physicians sometimes inadvertently sanction, that mental and physical exertions are compensatory as regards each other. The man who is overworking the brain seeks to make amends by fatiguing the muscles. It has occurred to me repeatedly to meet with persons who were devoting too large a number of hours daily to labor of the mind, and who imagined that this may be done with impunity, provided a certain amount of muscular exercise be added. A lawyer for example, who habitually devoted ten or twelve hours a day to intense intellectual occupation, became sensible that he was tasking unduly his mental powers, and, in order to fortify his health, moved out of town, and managed to ride on horseback from ten to twenty miles each day. Under the combined effects of the exercise of mind and body, as might be expected, he was losing ground rapidly. It is clear that exhausting mental labors will be longest borne in proportion as the time not thus occupied is devoted to physical, as well as mental repose; and, on the other hand, that too much physical labor will be less hurtful in proportion as it is not conjoined with activity of mind.—*Flint's Medical Essays.*

Improved Mustard Poultice.

The *Medical Brief* says: In making a mustard plaster, use no water, but mix the mustard with white of egg, and the result will be a plaster which will draw perfectly, but will not produce a blister, no matter how long it is allowed to remain.

Personal.

—Dr. John F. Tobias died at Sedalia, Mo., June 7th, 1874. Dr. Tobias was born in Bloomsburg, Pa., February 27th, 1826, and when quite a boy united with the German Reformed Church, in which communion his father was a prominent minister. He received a liberal education, and graduated at Jefferson Medical College, Philadelphia, in 1848.

—Dr. Henry Cullen, who died at Kinderhook recently, aged sixty-eight years, had been a prominent Brooklyn physician for a long while. He studied surgery in Paris.

—Dr. Michael Hatch, for sixty years a practicing physician in Enosboro', Vt., died recently, in the Sheldon poor-house, aged one hundred and two years.

—We are glad to know that our friend, Prof. E. W. Jenks, of Detroit, is once more restored to health, and will be prepared to fulfill his engagements at the opening of the fall campaign.

—Dr. T. G. Morton has resigned from the Wills' Hospital. The Staff is now reduced to the original dimensions.

—Dr. R. J. Levis has resigned his lectureship in the Jefferson Medical College.

Items.

—Some time ago an inmate of a lunatic asylum in Maine disappeared mysteriously, and after the lapse of several months the remains, reduced to a skeleton, were discovered, and an inquest on them was duly held by the local coroner. A few days ago the man was found to be living on Deep Island, Boston harbor, much to the disgust of the coroner, who declares that nobody but a madman would go off and leave his skeleton behind him.

—In the Annual Circular of Bellevue Hospital Medical College, of New York, the statement is made that "the session of 1873–4 was marked by the presence of a greater number of matriculants than were assembled for that year within the walls of any other Medical College in America." The facts are, however, that the class of Jefferson Medical College numbered

473, while that of Bellevue College numbered 472.

—M. Colladon, the Geneva physicist, has published an essay on the subject of turning poplars into lightning conductors. He proposes to insert in the lower part of the trunk a metallic rod, which he connects with the earth by a chain, so that the fluid cannot leave the tree to dart at any object within a short distance, which at present is very often the case.

—The late Dr. Fletcher was preaching an evening sermon to a crowded audience in Edinburgh, when a note was handed up to him to intimate that if Dr. so-and-so was in church he was urgently wanted. Having read the note, and seeing the doctor move off, he immediately added, with great fervor, "and may the Lord have mercy on his patient."

—A Paris druggist has been fined five hundred francs for selling, without an order from a physician, pastiles made of calomel.

—A dissension in the faculty of the Indiana Medical College, has led to the formation of a new institution at Indianapolis.

QUERIES AND REPLIES.

W. J. B., Church Creek, Md.—

Take Cit. of Bismuth and Ammonium,	256 grains
Warm Distilled Water,	4 fld. ozs.
Water of Ammonia (drop by drop),	sufficient
Simple Elixir,	sufficient to make 16 fld. ozs. of finished elixir.

For simple elixir, see May 23d, MEDICAL AND SURGICAL REPORTER, p. 472.

OBITUARY.

DR. GOUVERNEUR EMERSON, M. D.

This eminent physician died suddenly, while quietly sitting in his chair, July 2d, 1874, in the seventy-eighth year of his age. His life was one of great usefulness to his fellow men, and an honor to the medical profession. He was a native of the state of Delaware, and was born in the town of Dover. After careful preparation he entered the Medical Department of the University of Pennsylvania, and graduated in the year 1816. The theme of his thesis was "Hereditary Disease," a subject of great importance to the novitiate in medicine, and one which had an important bearing on his career as a successful medical practitioner.

Four years after graduation he made a voyage to China, and after his return, in 1822, he commenced practice on Fifth street, back of the late Frederick Brown's well-known drug store, where he continued for many years to practice his profession with success. He never had a very extensive business, being the beloved physician of a select few.

He was a fellow of the College of Physicians for twenty-seven years, and took a lively interest in the Philadelphia County Medical Society. He never married. Later in life he gradually withdrew from the active duties of the profession and became interested in rural affairs, and much of his time was spent in valuable experiments in agricultural chemistry, testing various manures, etc.

The writer of the present notice well remembers the delight which it gave the good Doctor to have a specimen of the marl of New Jersey (when it first came into use as a fertilizer) analyzed by him, quantitatively, its lime, potash, iron, silicic acid, etc., all separated in minute bottles. In this form the Doctor would state that even the most ignorant farmer could not fail to see why the green sand was so valuable an agent to the poor soil of New Jersey.

These interesting investigations he did not keep to himself, but published them in the various agricultural journals of the United States.

He was frequently called upon to deliver addresses before associations for the elevation and enlightenment of his country friends and neighbors, not only in Philadelphia county, but also before the State Fairs of New Jersey, Delaware and Maryland.

To these invitations the Doctor always responded in the true spirit of a public spirited physician. He edited "Johnson's Farmers' and Planters' Encyclopedia of Rural Affairs," addiug much new and valuable matter, adapting it to the United States (1853). Yet with all his other labors, he had not been unmindful of his duty to the medical profession to add his quota of written knowledge. His chief medical writings (which are now quoted by all authorities on diseases of Children) consisted in contributions on the subject of *Vital Statistics*, including the mortality of males, during childhood, and the effects of the depressing influence in changing the proportion of the sexes at birth. See *American Journal of Medical Science*, 1827, p. 39–48.

July, 1874. L. T.

MARRIAGES.

CAREY—PAIGE.—At the residence of the bride's father, June 16th, 1874, by the Rev. Jos. Caldwell, C. H. Carey, M. D. (son of the late J. R. Carey, M. D.), and Miss F. E. Paige, all of Apple River, Illinois.

BUDDY—GITHENS.—July 15th, at the residence of the bride's parents, by Rev. George W. F. Graff, Mr. John J. Buddy and Miss Sallie Lescure, daughter of Dr. J. H. Githens, all of this city.

FULLER—PERKINS.—In Warren, Vt., June 19th, Dr. George H. Fuller and Alice E. Perkins, both of Warren.

ROGERS—BONNER.—On Thursday morning, July 9th, at the Cathedral, by the Most Rev. J. B. Purcell, Mr. Fenton C. Rogers, and Miss Katie, daughter of Stephen Bonner, M. D., both of Cincinnati.

DEATHS.

LANGDON.—On Wednesday morning, July 8th, Emeline, wife of Dr. H. A. Langdon, aged 31 years and 6 months.

MARTIN.—On Saturday evening, June 20th, at Allentown, Pennsylvania, of enlargement of the heart, Dr. Dewees J. Martin, aged 39 years, 5 months and 16 days.

PIERCE.—In Winchester, Vt., July 12th, Anna S., wife of Dr. E. P. Pierce, aged 31 years.

WILLIAMS.—In this city, on the 8th inst., Henry Oscar, son of Dr. J. T. and Elizabeth Williams, aged 6 months.

YOUNG.—In this city, on the evening of July 7, Florence N., only child of Dr. I. Gilbert and Florence A. Young.

THE

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Original Department.

Communications.

HEADACHES, FROM HEAT-STROKE, FROM FEVERS, AFTER MENINGITIS, FROM OVER USE OF BRAIN, FROM EYE STRAIN.

BY S. WEIR MITCHELL, M.D.,
Member of the National Academy of Sciences.

(*Concluded from No.* 908.)

Headache from Over-use of the Brain.

I hesitate a little to decide that over-use is the true parent of the next most remarkable form of cephalalgia, because it has happened, in some cases, where the brain could hardly be said to have been over-used or functionally abused. But, after all, what one man will do easily, another falls under; and, as I have elsewhere said, there is about the brain this strange peculiarity, that in a healthy use of it we have no such sense of brain tire referred to the organ as warns us, in the use of the muscles, of their being fatigued. Hence it is that, often quite suddenly, some symptom appears which shows that there has been undue cerebral taxation, and, thereafter, the mischief is permanent. This remark applies to all of the many forms in which the brain shows the results of over-work, or rather of work done with the friction of worry, excitement, or anxiety.* At present I need deal only with headache, which is a more common consequence of work under strain than I once thought it. I say a more common consequence, but only in the growing brain of youth, at the age of puberty, and not in the adult. In fact, every case I know of headaches plainly due to this cause, took place in persons under twenty. I have seen many of them, and find, on looking over my notes, that they may arise in one of two ways. The first is rare, and really inexplicable, on account of its strange suddenness of onset. Here are two examples:—

A lad, aged seventeen, worked very hard in a printing-office for two years, during which time he prepared himself for college, where he studied with unusual success and patience. He had a good memory, and acquired readily, but gave himself little rest or sleep, and scarce any physical exercise. Disturbance of that physiological balance which is to be kept by functional alternations of rest and work, told on him after a year, and, without warning or sense of failing power, late, one night, while preparing for an examination, he began for the first time to have an uneasy sense of pain and distress at the vertex. Next day it was gone, but it began anew when he went to recitation, and thenceforward was the inevitable result of severe or long use of the brain. By degrees it grew more common, until any, even the least, intellection, or even steady attention, reading, writing, or calculating, brought it on. By this time it was found that with it came a certain tenderness of the scalp, not always over the seat of pain, but often occipital. Finally, there was added a feeling of distress high up in the cervical region, but no other disturbance of health in any other organ. He had also, for a time, insomnia; but this is much better, and troubles him but little.

The second case was that of a lad of sixteen, who, while oppressed under certain family troubles, still contrived to lead his class at the high-

* See "Wear and Tear; Truths for the Overworked," by the Author. J. B. Lippincott & Co.

school. The headache came on less suddenly, but within a week was so severe as to prevent all study. There was no insomnia, and the pain was absent, or rare, as long as he rode on horseback, or played ball, or idled at the seashore, but the slightest methodical use of the brain cost him hours of pain, chiefly occipital, and each effort, with its unfailing result, was made so bitter by the fresh assurance it gave an ambitious and able lad of his crippled state, that he became at last irritable and melancholy. He also had very well marked the sense of tenderness of scalp, of which I have spoken before.

The first of these cases is steadily improving; the second is long since well, although forced to be somewhat careful as to prolonged mental labor.

I need add no further illustrations to these cases, which, most happily, are rare. The second class differs from them only in the fact that the pain comes on slowly, so that a boy previously free from pain finds that mental labor gives him distress in the head; then, after a while, it is distinct pain; and, as he continues to work, the recurrence of headache gets to be more sure, and so, after many weeks or months, he arrives at the state which the more acute cases reach abruptly. Once established, the sequence is hard to break, and is sure to demand, for relief, a long and weary interval of repose from head-work. Sometimes years may pass with little easing of the trouble, and sometimes, in a milder form, the incapacity to work without pain extends through life, a sad and dispiriting consequence of over-use of a developing organ. I have seen many such wrecks, both in girls and lads; but, as a rule, the treatment of this disorder is hopeful. At first, all books are to be dropped, and pure physical labor, with a share of play and variety in muscle work is to take their place. The least sign of general failure or weakness, or of loss of flesh, is to be met with iron and cod liver oil. If there be nervousness and irritability, a too mobile or nervous system, it is to be treated, and with some surety of success, by small doses of ol. terebinth. and by ten-grain doses of bromides. Over and above all in value is a long sea voyage, or a tour in Europe; but these are expensive means, and the monotonous physical work of the farm is a fair but not perfect substitute. I know that galvanism, carefully used, and applied to the head itself, has also been of service. Phosphorus is by no means a sure agent in these cases. It has more fame than it deserves, and is ill borne by young stomachs. In true migraine it is sometimes of use, but is, after all, one of the most unsure of remedies. I should also have said, when speaking of change of climate, that a semi-barbarous life, in tents, the canoe or boat travel of our wild lakes and streams, in a word, "camp life," with all it brings in the way of change and exercise, is, in these cases, an incomparable means of cure. I have many times used it in cases where almost all other plans had failed, and I am now more sure of its value than I used to be.

When the headaches have pretty well passed away, the most extreme care must be used in a return to mental labor, since a second break-down is greatly to be dreaded.

I do not venture to speculate on the mode of birth of these headaches which come of brain-strain. We know only and surely that there is danger in too hardly tasking an organ which is in its latter stages of growth or of development; but how it comes that the over-used cells give rise to pain, which repeats itself with each new functional use of the part, we do not know. Nor can we even be sure it is the brain itself which suffers pain, since in health, when exposed, it does not seem to feel; and possibly all headaches are meningeal, though as yet these are but enticing speculations.

Lastly, I beg to call attention to the headaches which come of some intra-ocular disorder, or of disorder in the motor muscles of the eye-ball, and lest I may be supposed to be making, as to this, a needless claim, I think it well to state at once, that, on the whole, headache from unsuspected eye-strain is rare. We all know well enough that headache comes with many intra-ocular disorders, but neither in the works on the eye, nor elsewhere, is it made plain that headaches may be for years almost the sole symptom of grave disorders of accommodation, or of defects in the orderly action of the external eye muscles. Yet, so often have I seen this sequence, that in chronic headaches I rarely fail to insist upon a careful study of the eye. Again and again have I been rewarded by finding the pain fade away when the optical defect had been duly corrected.

The strain caused by the various forms of astigmatism I have often seen cause headache, but slight insufficiency of some one of the extra-ocular ball muscles is far more likely to give rise to it. Indeed, I could relate case after case of

this kind. In all of them the headache comes by degrees, and is at first found only upon long use of the eyes. By-and-by, almost any eye use causes pain. The over effort made to correct or accommodate and converge or diverge the eyes at first causes pain only on such effort, but at last the teased brain gets to aching when the patient is not trying the eyes, when he is thinking, or doing a little mental arithmetic, or the like. Facts such as these have often made physicians overlook the eye trouble as the true parent of the pain. When once the intra-ocular or oculo-motor trouble has been relieved, it seems natural to suppose that the headache would at once disappear, but, in fact, it fades away but slowly, and sudden entire relief is rare.

For the two illustrative cases which follow, I have to thank Dr. Wm. Thomson. Since they contain more details than some of those in my own note books, I shall content myself with them alone.

"Mrs. B., age 31. At sixteen years old was obliged to leave school, on account of severe headache, caused by any effort to study beyond half an hour. At twenty-one she saw an ophthalmic surgeon, who ordered a gymnastic method of using the eyes, directing her to read three minutes at a time, twice daily, and increasing the limit one minute each day. Under this system she was able to read twenty minutes at the end of a year. After the birth of a child she had a relapse, and was able to read only fifteen minutes without headache, until one year ago, when she had an attack of partial blindness, involving the half of each visual field, and lasting for twenty minutes, followed by severe pain in the head, lasting for three days.

"In six months she had a second attack, in which she observed that the half of a name on a sign in the street was wanting, and this lasted thirty minutes, followed by nausea, and a severe 'nervous headache.'

"When first examined, on December 11, 1873, she was impressible, and suffered from a pain in the head, more or less severe, every day.

"It was found that she could read but nine minutes at a time without severe pain. This was recognized as a typical case of nervous disturbance from eye-strain. Her acuity of vision was perfect; the power of accommodation full for her age; and there was no sign of pathological change in either eye-ground on the ophthalmoscopic examination. On using atropine, to paralyze, temporarily, the accommodation, she developed a total hypermetropia of $\frac{1}{30}$ in each eye.

"She was provided with glasses of thirty inches in focus, a tonic, and a weak astringent wash, to remove a slight hyperæmia of the conjunctiva. She was directed to use the glasses constantly, both for distant and near use. She quickly became relieved, and in May wrote that she used her eyes "all day, in reading, writing, and sewing."

"The reason of this effect of the glass is that she was obliged to use a portion of her power of accommodation to preserve perfect sight for all objects, even the most distant; that the ciliary muscle, kept on this constant strain, was entirely unable to bear the greater tension demanded for near work, as in reading, and the fatigue was felt as a headache, which was as easily relieved by the physical support of the proper glass, to correct her long sight, as the fatigue of her limbs, caused by standing erect too long, would be obviated by the use of a chair."

I have refrained from saying anything, thus far, as to the type of these headaches, but I desire to call especial attention to the fact that in Mrs. B.'s case the headaches varied in character, and assumed at last one of the rarer forms of migraine, that is, headache beginning with blindness over half the field of view, and ending with nausea and vomiting. The absolute relief given by the glasses is worthy of note in a form of head pain so rarely helped by any means.

"Mr. B , a prominent merchant, age 36; general health excellent. Has suffered for several years with severe pain in the head and upper portion of back, and has consulted distinguished men, both here and in Europe, for what he deemed a severe nervous affection. His back bears the imprint of one energetic irregular practitioner in New York, in the form of two cicatrices as large as the hand on either side of the spinous processes.

"Writing has become so distressing that for a year past all letters have been written by a secretary, at his dictation. He states that a few moments spent in writing gives him a creeping sensation up the spine and through the back part of the head, followed by giddiness and severe pain, so urgent as to render him fearful of a 'fit of some kind.' His sight was, for distant objects, $\frac{1}{3}$, and was corrected by a concave cylinder glass $\frac{1}{18}$, which he had ob-

tained from a prominent ophthalmic surgeon, and with this his sight was $\frac{1}{1}$, or up to the normal standard, but despite this success his headache and other nervous symptoms were unrelieved.

"It was suspected that this would prove to be a case of compound astigmatism, and that he had overstated his myopia on the previous examination, and that the diagnosis had been considered correct by obtaining the full sharpness of sight by a $-\frac{1}{18}$ cy. It was conceived that there might be latent hypermetropia, and that in overcoming a long-sighted meridian he would overstate a myopic one, and thus be provided with a correction for short sight which would give sharp sight but leave him hypermotropia, and therefore obliged to keep his ciliary muscle in vigilant and constant exercise in viewing distant as well as near objects.

"On paralyzing his accommodation with atropia this was found to be correct, and the hypermetropia was found to amount to $\frac{1}{36}$. His formula for the astigmatism was $+\frac{1}{36} \supset -\frac{1}{16}$ cy. ax. 1°, and this correction gives him an acuity of vision $= \frac{15}{X}$, or above the average standard. On using these glasses habitually, his distressing symptoms quickly disappeared; he has long since forgotten his apprehensions of an impending apoplexy or epilepsy; he can see as sharply as any of his companions, and he can use his eyes continuously in reading, writing, or any other near work."

In this case the headache left him early, and has not troubled him since. This pain, I may remark, was chiefly occipital, and was a distinct ache, with sense of fullness of head.

CASE OF HEPATIC ABSCESS EVACUATING THROUGH THE RIGHT LUNG, ENDING IN RECOVERY. REMARKS ON SUPPURATIVE INFLAMMATION OF THE LIVER.

BY J. H. MEARS, M. D.,
Of Monterey, Mexico.

Antonio Martines, a resident of Marin, a large town of this State, and distant some ten leagues from this city, planter, aged thirty years, consulted me last January, 1874.

The previous history of the case is as follows:—He came to this city for medical treatment in September, 1873, and was subjected to active treatment, as he states, during the months of September, October, November, and December, by different physicians of this city, from whom he obtained no relief, and accidentally consulted me on the first day of January, 1874. While attending to his farm was greatly exposed to a very heavy rain, and took a severe cold; he supposed from this cause commenced his ailing; he was ill two months previous to his arrival in this city; had been treated by a Mexican physician at his place of residence, but obtained no relief. During that period he suffered from severe pain in the region of the liver, and there existed a swelling beneath and just below the false ribs, on the right side, in front. Getting no better he resolved to come to this city, in hopes of finding relief. While riding in his carriage he received a heavy jolt, which occasioned a severe pain, with a sensation as if something had given way, and immediately he began to expectorate purulent matter in abundance. He was under treatment, but had continued to expectorate during all the months mentioned. At the time he consulted me the quantity of expectoration was larger; the precise amount could not be ascertained. It presented the appearance of ordinary pus, with a small proportion of mucus; it did not consist of distinct sputa, but formed a homogeneous mass. Sudden movements caused him to cough and raise freely at times; he had not perceived a bitter taste in the matter expectorated; it presented no appearance of bile, and the latter was not shown by the test with nitric acid; when the matter first escaped, it came, as he stated, almost in a stream, and he was for a few moments nearly suffocated: the pulse 100, and the respiration not increased in frequency nor labored; the chest in front, at the lower part of the right side, was contracted; the abdominal movements of respiration on that side were less than on the left side; the lower third of the chest on this side, in front, was dull on percussion, and behind, the dullness was marked over the whole side; the respiratory murmur was scarcely appreciable anywhere on the right side; subcrepitant rales were heard here and there on that side; no bronchial respiration nor bronchophony.

The diagnosis was hepatic abscess, evacuating through the right lung. This was based on the existence of long continued pain and swelling in the region of the liver, and the sudden occurrence of copious purulent expectoration; the history, symptoms, and physical signs excluding tuberculosis, pneumonia, and empyema as

sources of the pus; the patient was emaciated; he was able to sit up, and had a tolerable appetite.

Treatment.—On consultation with my son, Dr. J. B. Mears, I immediately ordered the evacuation of the abscess, and he used Dieulafoy's pneumatic aspirator for the purpose, and drew off twenty-eight ounces of pure pus, taking the necessary precautions indicated in these cases. I then ordered an injection of the following into the abscess:—

R.	Tinct. ferri perchloridi	℥ij.
	Aq. distillat.	℥ij.

Then for an injection as indicated:—

R.	Quinia sulph.	gr. xij.
	Morphia acetatis	gr. ss.
	Syrup simp.	q. s. M.

To be taken at night, according to circumstances. Through the day I ordered the patient to have ten drops of the tincture perchloride of iron in a spoonfull of water every three hours in the course of the day, and full diet, with good port wine.

January 10th, 1874. During the night previous to this date, after a long fit of coughing, there occurred a small eruption of pus for a short time; the expectoration on this date was not abundant; the physical signs had not materially changed; there was no febrile movement; there was no tenderness over the liver; perspiring freely.

January 12th. According to notes the cough and expectoration had been slight since the 12th inst.; his appetite, strength, and aspect were improving; there was no febrile movement: the treatment was continued.

January 15th. The patient had constantly improved; the cough and expectoration were nearly gone; the sputa remained distinct and consisted of a large proportion of mucus; the treatment was continued.

January 20th. The patient reported quite well; the cough and expectoration were no more; the dullness on percussion over the right side was diminished almost completely; the murmur of respiration had become developed, and was vesicular, but otherwise feeble; the citrate of iron and quinine was then prescribed in the usual doses.

January 24th. The patient declared himself well, and that he felt able to return to his home; upon examination he was discharged as relieved.

May 15th. The patient presented himself at my office, stating that he was cured; had had none of the previous symptoms, and was in perfect health.

Remarks on Suppurative Inflammation of the Liver.

Acute inflammation of the liver ending in abscess is an affection especially incident to our climate. Its occurrence is rarer in cold and temperate latitudes, but is occasionally met with in the latter. It is true we have a hospital here, with some twenty-five beds, but I am sorry to say there is no autopsical examinations, and none are taken to the college, which is attached to the hospital, for dissection. The professors of the college are all Mexicans; some are graduates of the Paris schools of medicine, and others are Mexicans graduated here. They diagnose a case tolerably well, but are deficient in therapeutics at the bedside, practice entirely an expectant and do-nothing treatment, and are far, very far behind the times and progress of our profession; there exists also a spirit of localism, opposed to any theory that is foreign, although their text books are French; in a word, they consider their own native ideas superior to all that is foreign. The college possesses no philosophical apparatus, clinical or botanical laboratory; no dissections are made at the hospital; nothing except old French and Spanish authors, and the words of books in an oral manner. The thermometer, which gives us such material assistance in the progress of different diseases; the microscope, which acquaints us with the minute tissue and blood changes that indicate disease, either in its progressive or retrograde stages, and in dermatology has made clear the nature and development of very many special diseases; the ophthalmoscope, which gives us an interior view of the eye, and demonstrates to us the changes which disease in distinct organs induces in cerebral circulation, enabling us to establish a consequent diagnosis, even before the grosser manifestations of disease become evident; the test tube in urethral and cystic diseases, which enables the surgeon of to-day to command means of saving life and mitigating suffering, that alone is enough to place the science of our profession in advance of that of any preceding age; all these are not ignored by the professors of the medical college of this city; but are neither taught nor practiced. The director of the college is a Dr. Gonzales, a graduate of the School of Medicine of Guadalajara, well informed, but of the old Spanish school; he is a tolerable operator, and

a very good obstetrician, which is his specialty, has a large practice, and is considered, among the vulgar class, as they say, "infallible." Under these deplorable circumstances, the college graduates yearly some physicians, and you may judge of their proficiency in the healing art.

To ascertain the pathological connections under which suppurative inflammation of the liver takes place in this climate, and the symptomatology of the affection, is among the many objects of clinical study for which this city affords ample material. As yet, our knowledge of the affection is mainly derived from English practitioners who have resided in India, and from the French settlements in Africa; be it said, that the English are more notable in their treatment.

It is evident to practical observers that hepatic abscess may be attended by no symptoms which, with our present knowledge, point to the affection; it may exist without giving rise to any notable disturbance of the economy. An English writer, Dr. Jackson, very appropriately says that he has "frequently heard the remark of an able and experienced surgeon, that he believed that no one who had been many years in India, and had been subject to any disease of the liver, or to dysentery, could feel perfectly sure that he had not an abscess of the liver." Symptoms, in some cases, render the existence of suppurative inflammation probable before it is evidenced by the discharges of pus, or by physical signs, but in other cases there are no phenomena which direct attention to the liver as the seat of the disease. It is, therefore, by no means, necessarily a reflection on the knowledge or tact of a practitioner, when at a post-mortem examination (which are very rare here) this organ is found to contain a large collection of pus, which had not been suspected during life; and in this connection it is worthy of note, as a curious commentary on a prevalent disposition, from time immemorial, to attribute various maladies to hepatic disorder, that the positive and well known lesions of the liver are remarkably latent; cirrhosis, fatty degeneration, hydatid formations, and carcinoma, as well as abscess, are often unattended by local pain, jaundice, or other symptoms indicating disease in this viscus.

When hepatic abscess is discovered during life, it is generally by the discharge of pus through some outlet, or by a fluctuating tumor over the organ; the discharge, as is well known, may take place in different directions, viz., externally at some point over the site of the liver, through the colon or stomach, and through the lungs. The pus may make its way in more than one direction in the same case; for example, through the lungs into the colon. I am not aware of any analysis of cases having been made showing the proportion in which the discharge occurred in these several outlets respectively. There is another subject for investigation pertaining to this affection. The evacuations may take place in directions affording no outlet, viz., into the peritoneal, pleural, and pericardial cavities; instances are, however, comparatively rare, a fact which illustrates a law of conservation in this affection.

Dr. Budd states that he has known adhesions to extend over a space not larger than a shilling; this prevents the discharge into the peritoneal cavity and fatal peritonitis; before the diaphragm is perforated, adhesive inflammation of the pleural surfaces occur over a circumscribed space, often quite small, within which the lung is perforated, this prevents the escape of the pus into the pleural cavity, and the development of empyema; the lung having been perforated, the matter finds its way into the bronchial tubes, and is expectorated. The diffusion of the pus, to a greater or less extent, throughout the lung, gives rise to certain physical signs which have not yet been sufficiently studied. But it is remarkable how little pulmonary inflammation is excited under these circumstances. One would suppose *à priori* that pneumonia would be sure to be developed in the entire lung, and the fact that it is not, goes to show that the latter disease involves in its production general rather than local causes.

Evacuation of a hepatic abscess through the lung appears to be a conservative mode; recovery has been observed oftener when pus is discharged in this direction than when the abscess points to the surface and the perforation takes place through the integument; this, as *à priori*, would not be expected. Such was the case of a Mr. Harris, whom Dr. O'Farrell and myself treated some years ago, who has been, and is now, in the enjoyment of most perfect health. Dr. Jackson says, "Sorry experience has convinced me that there is no course which hepatic abscess, when once formed, can take, that holds out such good prospects of re-

covery by natural means, as when the channel for the discharge is through the right lung, and although abscesses may be opened externally by the aid of the knife, either through the abdominal parietes or through the ribs, or may open themselves, by ulceration, into the stomach or bowels, there is not the least doubt that the passage through the lungs is the most favorable course for the abscess to take. Dr. Budd, it is proper to state, entertains a different opinion concerning the prospect of recovery in such cases: he states that the "patient dies, in the majority of cases, exhausted by protracted suppuration and hectic." There is another interesting point relative to this affection to be settled by numerical investigation.

In the case I report in this article, the patient, at the time of his discharge, had so far recovered that all cough and expectoration were gone, and he felt sufficiently well to go home, a distance of thirty miles from this city.

When the abscess points over the site of the liver, the natural proximity suggests at once an artificial opening. Such were the wise teachings of my lamented teacher and professor, Dr. Robley Dunglison, in contradiction to the opinions of Drs. Jackson, Budd, and Rokitansky. These three gentlemen concur in the impropriety of surgical interference. Be it said, with the highest regard and respect for these eminent men, I have in a great many cases, almost innumerable, always applied artificial means with the greatest success.

The diagnosis of hepatic abscess evacuating through the lung is important with reference to the prognosis and rational treatment; the most striking symptomatic event is the sudden and copious expectoration of pus, which may be derived from other sources than the liver; it may come from a pulmonic abscess, from a purulent collection within the pleural cavity, and from a large tubercle. These affections excluded, certain and positive signs, referable to the liver, will be likely to aid in tracing expectoration to this organ, such as pain, tenderness on pressure, occasionally jaundice, and sometimes enlargement, as determined by percussion and palpation. Some writers describe the pus from hepatic abscess as presenting distinctive characters; one says that it is claret-colored, and another teaches that it is red. In the numerous cases that are presented here daily, I have seen both colors distinctly demonstrated. Dr. Budd states, in opposition to Rokitansky, that the pus in abscess of the liver resembles in all respects that from a phlegmon in other situations, and such is the case generally. Another question generally arises: Is the pus in hepatic abscess frequently mixed with bile? According to Rokitansky this is always the case. I have seen it with and without, and this point remains for further observation. Professor Dunglison states that the "pus undergoes no changes except that it is occasionally colored by the bile." Rostan, Stokes, and Twining are of the same opinion.

It is well known that in a warm and tropical climate, like this, suppurative inflammation of the liver is apt to occur as a sequel or concomitant of chronic dysentery. A patient, therefore, in a warm or tropical climate, affected with the latter disease, who presents pain, uneasiness, or tenderness over the liver, occasionally chills or shiverings, and some febrile movement, with other disorder of the system inconsistent with, or out of proportion to, the intestinal affection, and not accountable by any other appreciable affection, may be suspected to suffer from abscess of the liver; this suspicion will be strengthened if the liver be found to be enlarged, or if jaundice exist. Pain in the right shoulder was formerly considered as a valued diagnostic symptom; of late years it has been discredited, perhaps on sufficient data, although not as constant a symptom as the oldest authors thought. Dr. Budd says he found it marked, in the generality of his cases, in connection with other symptoms pointing to hepatic disease. It is certainly entitled to weight in the diagnosis.

In conclusion, and referring again to the late Professor Dunglison, I must state my gratitude to his family for the many favors extended, as his student, and latterly to my son, Dr. J. B. Mears, whom he guided as a father in his studies, and who is now reaping the benefit of his wise teachings; as also to Drs. Pancoast, Gross, and the whole Faculty of Jefferson Medical College, whom I always take pleasure in recommending to my Mexican friends who seek a medical education for their sons.

PUERPERAL CONVULSIONS—REMARKABLE TENACITY OF LIFE.

BY JOHN F. POWELL, M. D.,
Of Baltimore, Md.

Monday, May 25th, 7 P. M., I was called in haste to visit Mrs. T., aged thirty-five years,

the mother of four children, now eight months advanced in pregnancy. She had no serious trouble in her previous pregnancies. I found her with convulsions of the nervous type. She had complained since early in February of severe nausea, vomiting and headache; the latter during the day had been very intense. Her face and extremities were very œdematous. A careful analysis of her urine failed to detect the presence of albumen. The second convulsion came on shortly after I entered her apartments; within two hours she had four. Hydrate of chloral, and bromide of ammonia of which I gave her fifteen grains each, appeared to diminish the force and frequency of the attacks. Subsequently I placed her under the influence of ether. At this time there was no dilatation of the os.

At my request, Dr. Christopher Johnston was called in consultation. The convulsions still continuing, although at longer intervals, we decided to induce premature labor. This was accomplished by the use of Barnes' dilators, and on Tuesday, at 5½ A. M., with the aid of forceps, we delivered her of a well formed dead child, the face presenting. The death of the child was doubtless occasioned by pressure upon the cord, which prolapsed during the labor. In the meantime she had in all ten convulsions, several of which were violent and protracted. She remained unconscious, but had no more convulsions.

At 1½ P. M. her condition was as follows: Pupils slightly dilated, iris insensible to light, extremities cold and clammy, pulse one hundred and thirty-two, and so feeble as to render counting them difficult, respiration thirty-eight per minute and labored, mucous rattling in the trachea, unable to swallow, vomiting with considerable force a black fluid which resembled the "black vomit" of yellow fever. This condition continued until 8 P. M., at which time there was a slight improvement in her pulse and respiration. I discovered she could now take fluids; and immediately resumed the administration of beef tea and stimulants, which had been suspended on account of her inability to swallow. From this time there was a gradual improvement in all her symptoms. The first unequivocal indication of intelligence was on Thursday, about seventy-two hours from the commencement of the attack. We gave her but little medicine, relying principally upon nourishment and rest; and I am happy to say with the best results. She is now able to walk about her room; and shows scarcely a trace of the ordeal, though which she has passed. I attribute her recovery from a condition more desperate than any from which I ever saw a patient recover before, to a remarkable tenacity of life, which is characteristic of her family.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, MAY 13th, 1874.

Pyo-Nephrosis.

Dr. A. L. Loomis presented some pus yesterday, drawn from a patient under the following circumstances. Patient was 31 years of age, and entered Bellevue Hospital February 17th, 1874. He had always been in good health, but three years before entering the hospital complained of symptoms indicating the passage of a renal calculus, viz.: Pain in the left lumbar region, with retraction of the testicle on that side, and pain in the penis. From this he completely recovered. Fourteen months before entering hospital, complained of a tumor the size of a fist in the lumbar region, but no pain, except from excessive exertion. Two weeks before coming in this increased, and continued so till he entered.

On admission, the lungs were healthy, the heart slightly hypertrophied, but on the right side of the abdomen, and extending from the median line to the lumbar region, was a tumor, ovoid in appearance, which gave evidences of fluctuation posteriorly. The patient was emaciated to a certain extent, but not sufficiently so to be specially noted. The fæces did not have the appearance of malignant disease. The urine contained albumen and casts. I made out the case to be one of pyo-nephrosis. (To those of our readers who are not conversant with this disease, we may anticipate, by saying that pyo-nephrosis is a state of the kidney where the pelvis and infundibulum are dilated with pus. This pus cannot pass down the ureter and enter the bladder, for the reason that it becomes closed.) And on the 27th of March I directed the House Physician, Dr. Farrington, to aspirate it. He did so, at a point about two inches above the crest of the ilium. After this it diminished in size, but again increased. At each examination the urine was albuminous. The temperature never rose above 100 degrees, and the pulse rarely reached 96 per minute. I called a consultation of the surgeons of the hospital, and they decided to operate, and evacuate the contents of the cyst. Dr. John J. Crane made an incision two inches above the crest of the ilium, similar to the operation for lumbo-colotomy, entered the sac, and drew off forty ounces of pus, which, under the microscope, showed the presence of hyaline casts. A drainage tube

was then inserted into the wound. This treatment was suggested by a case of Dr. F. D. Lente's, which occurred six weeks ago. and which produced good results.

Dr. Lente being present. gave a short history of his case of pyo-nephrosis. The patient was a girl of about 16 years of age, and was in a desperate state. The tumor had been observable for quite a length of time, but latterly she was sinking under it. It was decided to operate by means of procedure somewhat similar to that for lumbo-colotomy. The sac was entered, and Dr. Lente carried his fingers into the pelvis of the kidney, among the calyces. A tube of tin was fitted to the sac, for the purposes of drainage, and afterward this was taken out, and one of silver substituted. After the operation she improved, and at present is doing very well.

Uterine -Fibroid; Intra-mural—Treatment by Hypodermics of Ergot.

Dr. Lente also gave an interesting description of a case of fibroid tumor of the uterus that had been treated by ergot, hypodermically. This tumor was of the intra-mural variety, and for three or four years the patient had been suffering from metrorrhagia. Latterly, she had incessant vomiting, for which not much relief could be obtained, unless by use of the battery. Ergot was given to her, by means of the hypodermic, for months, and from its use there resulted but one abscess. The hypodermic was inserted beneath the skin of the abdomen, and a line of injections were made on the abdomen. Eventually, when the thigh was reached, an abscess resulted, but only in one case. After the ergot was administered a marked change ensued for the better. During the treatment an attack of diarrhœa developed, and the patient again began to vomit, but this time it was again controlled by faradization. It was found that every two weeks the tumor showed a marked decrease in size, but the patient developed acute general peritonitis, and died. At the time of her death the uterus measured less than two inches and a half internally.

Gall Stones Causing Jaundice.

Dr. Janeway showed some gall stones, which he had removed from a patient under the following circumstances. She entered hospital pretty deeply jaundiced, but no cause of the jaundice could be discovered. The fæces were clay colored, and the urine contained biliary matter. Eventually a gall stone was found in the fæces, and in a few days five or six more.

The patient gave evidence of Bright's disease, and eventually a pneumonia developed, which resulted in death.

Post-mortem.—No change was observable in the tissue of the liver, but the bile ducts were dilated to about the size of the portal vein, and contained muco-pus. Twenty-eight small calculi were found in the cystic and common bile ducts. Thus, though the patient passed several of the gall stones, enough remained to keep up the obstruction.

Cancer of the Liver.

Dr. Janeway also presented a specimen and history of a case of cancer of the liver. The patient was a German, aged 39, who entered Bellevue Hospital suffering from jaundice, with obstinate constipation. The area of hepatic dullness was increased, and a friction fremitus could be detected over the liver, as well as nodules scattered over its surface. The inguinal glands were enlarged, and from their pressure on the veins of the lower extremities much œdema of the legs was caused, and eventually death. Before the patient died the temperature rose to 105° Fahr.

Post-mortem.—The liver was considerably enlarged, and on the surface were several knobs. The lymphatic glands in the transverse fissure were enlarged, causing a pressure on the hepatic duct, and jaundice. The veins close to the inguinal glands showed the evidences of thrombosis.

MEDICAL LIBRARY AND JOURNAL ASSOCIATION, NEW YORK, May, 8th, 1874.

DR. JOHN C. PETERS, PRESIDENT.

Cremation.

Dr. Clinton Wagner. This subject, though not strictly a medical one, is closely connected with hygiene. It is supposed to have had its origin in Hindostan, and to have passed westward by degrees till it reached Ancient Rome. The Romans were believed to have adopted it in battle, to prevent the enemy from digging up the bodies of the slain. The Jews practiced it, but not so commonly as inhumation. With the advance of Christianity, inhumation became nearly universal, though cremation was practiced in Rome as late as the Fourth century, and in France as late as the Fifth.

There can be but little doubt that burial of the dead gives rise to many preventable diseases, if we receive the observations of Drs. Reid and Lyon Playfair. It would seem that decomposition of the body extends from seven to twenty years, and that the soil serves to retain all the gaseous products of decomposition till they are absorbed in part by the water permeating it, and carried on as peccant matter. Dr. Playfair examined the stratum of soil above the body, and Dr. Reid found that whilst a pit was being excavated in a cemetery, it so soon filled with carbonic acid that the workmen were compelled to desist from their labor. He also found that a glass of water drawn from a well near a cemetery, on being allowed to stand, formed a thin pellicle on its surface.

The diseases which, in whole or in part, have been suspected to owe their origin to this form of decomposition are, typhoid and typho-malarial fevers, malignant dysentery, and cholera. It has been urged that cremation would destroy all traces of death caused by unlawful means, but this objection might be answered by having public verificators, who would examine every

body after death. These verificators should be appointed under any circumstances.

The heat recommended for cremation is somewhere in the neighborhood of 2000° Fahr., and the body is to be retained in the cylinder fifty-five minutes. The resulting product averages about five pounds.

Dr. W. A. Hammond. I am a cremationist, but it is customary in the Roman Catholic Church, when a saint is to be canonized, to appoint the devil's advocate, who will bring forward everything that could be found to interfere with his canonization. I am here as the devil's advocate to night. The first grand objection is in regard to verificators. It would be absolutely impossible to examine every case for all the poisons, unless they were suspected. Antimony, arsenic, and all the organic poisons would be completely dissipated by the process, and no trace afterwards could be discovered.

It has been urged, on the score of economy, that it would be cheaper to burn than to bury, but it is not true in this country. The fact is, ground is one of the cheapest things we have got. It is different in the large cities of Europe. There can be no doubt of the bad effects of the results of decomposition on the system: in one case where a tomb was opened in presence of a number, nine-tenths of them were stricken down, and many died from this blood poison.

It is hard, however, to change the habits of a people; ladies especially object to having their friends thus treated; and though the prejudice of a people cannot be considered to be an objection to a system, it will do much to prevent its adoption. The only valid objection that has been urged is, that the ends of justice are liable to be defeated by the conversion of the body into its earth constituents.

Dr. Garrish was strongly an anti-cremationist.

Dr. Post. Earth closets act by absorbing the emanations from decomposing animal matter in a manner similar to that in burying grounds. And again it is a question how deleterious are the products of decomposition, for in one of the suburbs of Paris, where worn-out horses are killed, and a large amount of offal results, the average health of those living in the vicinity is as good as anywhere else. The decomposition of animal matter I do not consider so deleterious as the decomposition of vegetable matter.

Dr. A. H. Smith. If quicklime were put in the grave, it would do much to remove the objections to inhumation. Many think that the effect of cremation would be to lessen the reverence for the dead, which in this age of levity is sufficiently small already.

Dr. W. A. Hammond. There is one convent in Rome, I think that of the Capuchins, where all the monks are buried in a vault, in earth brought from Jerusalem by the crusaders. At the present time this earth is in great part composed of the decomposed bodies, and I was assured by the Superior that the health of the community was good.

The Secretary of the Cremation Society of this city was present, by invitation of this meeting, and said that with the Cremation Society, burning was simply a matter of taste; they preferred to be subjected to cremation rather than rot in the ground. They did not urge it for general adoption, and hygienic and economic considerations did not weigh with them in the matter.

The President of the Association, Dr. J. C. Peters, said that the contiguity of graveyards to water courses, last summer, was of great interest in the cholera epidemic in the South. This was true not only at Memphis, but at Nashville; a new cemetery was opened near the water works, and washed into it. At Lebanon, Ky., a small stream passed through the graveyard, and emptied into a well. Eighteen or twenty deaths took place from this disease in people who had used the water from this well.

Dr. N. B. Emerson said that if it were necessary to burn the bodies, to prevent disease, it was still more so to burn the excrementitious matter which was thrown off from those bodies during life. For the excrement, in the aggregate, voided by the body, exceeds by far, in amount, the body itself.

A vote of thanks was tendered to Dr. Wagner for his paper.

NEW YORK ACADEMY OF MEDICINE, STATED MEETING, June 7th, 1874.

DR. AUSTIN FLINT, PRESIDENT.

Treatment of Prostatic Urinary Obstruction.

By Dr. W. H. Van Buren.

Dr. Van Buren read a paper on the above subject, embodying the views which he has advanced for many years in regard to the treatment of prostatic enlargement by the use of the catheter. He said:—

We have no medicine which can prove of use in the enlargement of the prostate, any more than we have any that will cure fibrous tumors of the uterus. This enlargement comes on when the hair begins to whiten, when calcareous spots show themselves in the arteries, and when the arcus senilis manifests itself around the cornea. Though we cannot cure the disease, we may so relieve the symptoms that for many years a valuable life may be prolonged, and the descent made easy. If the course of the disease is not interrupted by treatment, we have a hypertrophy of the walls of the bladder from the efforts to overcome the obstruction, and in natural sequence to this an enlargement of the ureters; eventually we get disease of the kidneys. The bladder forcing itself to evacuate its contents, not only becomes hypertrophied, but also gets inflamed, and there is also after its efforts a residuary amount of urine which cannot be evacuated. This decomposes, ammonia is evolved, which, acting on the acid urine, deposits the earthy phosphates and at the same time aggravates the cystitis. It also acts on the mucous, converting it into a gummy substance which serves as a cement to the earthy phosphates, and forms from thence phosphatic stone. Thus we

must consider stone, as well as the changes in the urinary organs, as the result of the disease, which can only be interfered with by interrupting the sequence with treatment.

The remedy that is advanced is by no means new. It is simply my desire to urge the early use of an old one. I refer to catheterization. By it we do what the bladder is unable to do, evacuate its contents; we stop its efforts at expulsion and overcome the source of all the trouble. It is important to decide when it is time to tell the patient to cease his efforts at making his water and have recourse to art. In all probability the advice will be disregarded. I often see such a case in consultation, where the patient goes away, and may possibly return in two or three years with all his troubles very much increased. But it is our duty to persevere, and teach the patient to be his own surgeon, to the extent of passing the catheter five or six times in the course of the twenty-four hours.

Much credit is due to Civiale for his efforts in persevering with instruments upon the urethra, and showing to us the wonderful tolerance that channel has of instruments. He would find some old farmer in his wards who had gone his rounds of the local doctors, and by the use first of small flexible bougies, then of larger instruments, so far advance as to introduce the lithotrite and crush the stone to powder. Much credit, I say, is due to Civiale, and it is to be regretted that a part of his career was obscured by political wrangles. I know now of a case where the catheter has been steadily used for eighteen years, and Sir Henry Thomson tells us that the late Sir James Clarke, for many years physician to the Queen, used the catheter twenty-five years. As I have said, the urethra becomes very tolerant of the instrument, and in its use we must relieve the bladder entirely of its function. When we have decided on the nature of the case, we can take a small French flexible instrument, and teach the patient to introduce it himself, so that he becomes his own surgeon. If there is cystitis we may use injections for its cure or relief.

Dr. Post. Some time ago I saw in consultation a man of eighty-one years of age who complained of irritation in passing his water. I suspected, from the history of the case, that there was prostatic trouble. He passed as much urine as usual, but I found that there was quite an amount of it remaining in and distending the bladder, which he was unable to evacuate. I examined him for enlarged prostate, but could not detect it. When I introduced an instrument, I could not get it past the bulb; there was a stricture in the bulbous portion of the urethra. Eventually we drew off about a quart.

We get a similar state of affairs in enlarged prostate. There are many cases where valuable medical lives have been lost from this cause. The father of the late Professor Joseph M. Smith, as also the late Dr. March, of Albany, met their death in this way.

I agree entirely with Dr. Van Buren as to the advantage of superseding the muscular efforts of the bladder by means of the catheter. I believe in its methodic use. It is the only thing we have that can prolong the life.

It is common to medical men to consider the obstruction a stricture, but it is not. It will be found, in these prostatic enlargements, that when a small instrument meets with difficulty in entering the bladder, a larger one readily passes.

Using the catheter four or five times a day is comparatively novel, but I like it. We should not wait till retention becomes established. Though it is true the disease is incurable, the consequences may be averted.

Dr. Gurdon Buck. We are all under obligations to Dr. Van Buren for his efforts in bringing this matter forward. He is right in inculcating the rules he has. I was called to see a case of retention of urine from prostatic disease, in New Jersey, and found that it was impossible to pass a catheter. The bladder was punctured by means of a trocar, and shortly after we were able to introduce a tapering bougie. This case had a false passage, but afterwards the patient was able to use a flexible catheter. I think Dr. Van Buren's rule of methodic catheterization to be the proper one.

Dr. —— gave a very valuable hint on the use of the catheter. He said:—

I have often been able to pass a catheter when others have failed, by taking an ordinary gum elastic instrument and hardening it by placing it in cold water. I then dip the point in hot water. In this way the point becomes flexible, and will pass obstructions which will not allow an inflexible catheter to enter.

Dr. F. A. Otis was in accord with the views of Dr. Van Buren. He said he could quote a case where the patient had been in the habit of passing a catheter for thirty-five years. The disease that required this treatment was sinuses extending into the bladder.

The information was conveyed to the Academy of the death of Dr. Griscom, from heart disease. A committee was appointed to draw up resolutions.

Dr. Vanderpoel was elected an honorary member of the Academy.

Correction.

In the number of your journal, of July 11th, containing a report of proceedings of the New York Academy of Medicine, there is a slight mistake in reporting the remarks of Dr. ——, who replied to Dr. Beard, in the treatment of a case of ptosis by an artificial elastic muscle. The case was successful, inasmuch as the patient was able, after a few days, to open his eye, and not, as is reported in the journal, "to shut it." In a little article in the New York *Medical Journal*, for May, 1874, there is a wood cut of the apparatus for extensor paralysis, and also a short notice of the artificial levator palpebræ muscle. I should feel much indebted to you, if you could put in your next issue a short paragraph correcting the error.

July 16th, 1874. Jas. Van Bibber, M. D.

Editorial Department.

Periscope.

On Mercury in Syphilis.

Dr. Barton, in a paper quoted in the *Medical Press and Circular*, April 29, 1874, says:—

When we ask surgeons, Is mercury the best medicine we can employ to combat syphilis? their divergence of opinion appears, some (the majority) maintaining that it is, while others strenuously assert that it is *not*, inasmuch as it so injures the constitution of the patient, as to be, in the long run, rather an evil than a good. I do not wish now to discuss the vexed question of the treatment of syphilis by mercury, but rather to draw the attention of the members of the Surgical Society to the question of *How* mercury can best be given for syphilis? admitting that no other drug can compare with it in power to subdue the symptoms, and I cannot but think that the due consideration of this, which, at first sight, we might call the narrower question, will be found to contain the true solution of the long-disputed and hotly-contested one of whether mercury should be given at all, or not. The subject of *how* mercury should be given for syphilis, has not, I believe, received the attention it deserves from surgeons; in many standard works we find it stated that it is a matter of indifference which of the various methods, by internal or external administration, be employed. We are forced to conclude, in reading such remarks, that the authors either did not see that it made any difference whether mercury is given rapidly or slowly, or that they believed that it can be given equally quickly or slowly by all the methods in use. Now, either conclusion, I believe, is wrong, and fraught with material risk to our patients; so I venture to lay before the Society the conclusion I have arrived at, although I have no new method of treatment to recommend, but a very old, and in some respects, a very well-known method, and yet one whose peculiar fitness for the most perfect attainment of our object has not yet been as fully admitted on all hands as it deserves. I begin by asking, what object should we keep in view in giving mercury for syphilis? The answer must be: To remove all symptoms completely, while at the same time the general health and nutrition of the patient are preserved; in other words, to use the medicine so that its influence may be exerted altogether upon the disease, while the patient is preserved from its injurious effects. The great importance of thus considering the general nutrition of the patient is evident, when we reflect that his final victory over his insidious foe mainly depends upon his vitality and vigor. We are all cognizant of cases in which a dormant syphilitic infection has shown itself after years of quiescence, when the health has become seriously impaired by some other cause. I need not delay to prove that mercury can, and often does impair the general health, specially of the strumous, but I may remark, in the words of Sir B. Brodie, that in those cases in which we may reasonably fear that mercury will prove a poison, we will do well to remember that syphilis is a still worse poison. There can be no doubt that in some constitutions mercury is borne very badly. Now, when syphilis is contracted by persons of this feeble type of constitution, the question we should ask ourselves is, How may mercury be given so as to spare the constitution while it meets the disease? Admitting this to be the object to be kept in view by the surgeon, I may go a step further and say, that in order to accomplish this object, it will be necessary to give mercury in some manner which may be at once *gentle* and *continuous* in its action. The disease is essentially slow in its course; the remedy must also be slow. Now, a short course of mercury to salivation is neither a gentle nor a continuous use of the drug, and as matter of fact we find such treatment positively injurious. In case of indurated sore, with well-marked secondary manifestations of syphilis, mercury, to produce the best results, should be given continuously for *at least* three months, in many cases for four, five, or six months, without any salivation; and I believe it possible (for I have repeatedly seen it) that such a prolonged use of the drug should be unaccompanied by the slightest deterioration of the process of nutrition, or the vigor of the patient; but, on the contrary, it is frequently accompanied by a progressive improvement in general health. Now, I do not believe it possible that these indications for a continuous and very gradual mercurial treatment can be fulfilled by the internal use of any preparation of mercury. As far as my experience goes, it is impossible to obtain by internal administration that gentle continuous effect of the drug upon the symptoms which I believe to be essential. The old-fashioned *inunction*, however, fulfills every indication, and it is because it does so that I think it an important matter that this method should be strongly recommended in place of the internal use of the drug. I have for several years been satisfied that the best results in every way were obtained (in a case such as I have already imagined of secondary manifestations) by the daily inunction of from ten to thirty grains of mercurial ointment, and at the same time the administration of two grains of sulphate of quinine twice a day, and to this I sometimes add the use of the hot-air bath once or twice a week. I find that by this method I can regulate to a nicety the action of the drug upon the symptoms. People vary so greatly in their

susceptibility to mercury, that it is absolutely necessary to employ a method which admits of being regulated to suit the susceptibility which will manifest itself as the treatment proceeds. In some cases thirty grains may be rubbed in daily for months, but it is rarely necessary to increase this quantity; in others I soon find that half that quantity will do, and very frequently it will be seen that after two or three weeks of inunction the gums are getting a little spongy; then the ointment is stopped for a few days, until this entirely subsides, and then it may be safely resumed without producing any such effect. The administration of quinine during the whole period of inunction I find an advisable safeguard against the poisonous effects of the drug. This was, I think, first recommended by Bumstead, and I believe it a valuable part of the treatment, partly perhaps by its tonic effect on the digestive organs, whereby the nutrition is sustained, and so the injurious effects of mercury upon the system antagonized. At all events, the two act admirably together, producing the precise effect which I began by laying down as the object to be kept in view, viz., the removal of all syphilitic symptoms, and at the same time the preservation of the general health of the patient. It is not necessary to remind the members of this Society that the advantages of inunction over any other method known in his day was recognized and ably taught by Colles. Sir B. Brodie emphatically gives his testimony to this same purpose. Most practical surgeons admit its superiority.

The Natural History of Infectious Diseases.

The *Edinburg Medical Journal* translates from the *Centralblatt* the following views on this matter:—

1. Fluctuations in the period of incubation. The duration of incubation (for measles, variola, varicella, parotitis, rubeola, typhus, two weeks; typhoid, an average of three weeks; scarlatina, five to seven days; syphilis, ten weeks) shows a certain agreement according to weeks or fractions of weeks. External temperature can have an influence on the duration of this stage, as is shown by the early outbreak of certain exanthemata in summer, or on parts of the skin exposed to the local action of heat. Certain examples tend to show that, like medicines, the effect of certain infecting matters appears with varying rapidity, according to the part where they are received into the system; for example, through direct inoculation or inhalation. Certain other circumstances, external influences, as chills, faults of diet, menstruation (especially, adds the reporter in the *Centralblatt*, mental influences), can shorten the duration of incubation. The same thing probably holds good for medicaments; while, according to Gerhardt, it is very improbable that the quantity of the infecting material taken up has any influence in regard to the duration of the period of latency. On the other hand, in this relation the stage of development in which the infecting matter is at the time of its reception seems of importance.

2. As pelioma typhus, Speyer (1850) was the first to describe diffuse bluish-red spots which show themselves in the course of typhus, and which since that time have been observed by several authors, in the severer and lighter forms of typhus, on different parts of the body. Gerhardt describes a very well-marked case.

3. Relapses of acute infectious diseases must be distinguished from second attacks. The first are due to two distinct infecting processes occurring the one shortly after the other, the latter to the insufficient protecting power of a first attack. True relapses occur in a period of time which, reckoning from the first outbreak, does not essentially go beyond the period of incubation and sickness, and so comport themselves as if a new infection had followed during the still existing disease, and as if the latter had not conferred complete immunity. They come in all infectious diseases, are mild, and of short duration.

4. Parotitis epidemica is reckoned by Gerhardt amongst infectious diseases, because, as has been shown by frequently repeated measurement, there is never complete absence of fever temperature, and there is constantly considerable swelling of the spleen and many of the lymphatic glands. The so-called metastases to the sexual organs are to be understood as secondary localizations. Further, the function of the parotid gland is not checked. The secretion flows indeed, as Gerhardt found in one case, somewhat slower than usual, but is clear, and of undiminished saccharifying power. According to the seat of the affection, it might be named periparotitis.—Extracted in *Centralblatt*, No. 2, from the *Deutsches Archiv f. Klin. Med.*, 1873, XII., 1–12.

Hemorrhoids Treated by Cauterization.

The London *Medical Record* gives the treatment by linear cauterization of the anus recommended by Dr. Woillemier:—

The patient, whose rectum has been emptied in the morning by means of an injection, ought to be chloroformed; but if he prefer to remain awake, it is of little importance, as the operation only lasts some seconds. He is laid on the edge of a bed, with one leg extended, and the other bent as if he were going to be operated on for fistula. The assistant raises the disengaged buttock, the surgeon paints the anus and the surrounding parts largely with collodion, whilst an assistant, by means of bellows, drives off the fumes of the ether, which are sure to catch fire when a highly heated cauterizer is brought near them. During these preparations, two knife-shaped cauterizers have been placed in a small furnace, full of charcoal or burning wood. The blades of these cauterizers should be two centimetres long and one wide; the tip and edge should be blunt, as in ordinary cauterizers, but the back should be four or five millimetres thick, so as to hold enough heat.

The surgeon takes one of these cauterizers when it is white-hot, and introduces it about one centimetre into the anus, bearing with the shoulder of the instrument rather more on the cutaneous than on the mucous orifice, and makes four cauterization lines, before, behind, on the right and on the left. The operation is terminated when it has lasted five or six seconds. The patient is brought back to consciousness, and simple water dressings only are applied to the anus. We must premise that, under the influence of the congestion produced by cauterization, the hemorrhoidal tumor will reappear the first day or so, and sometimes larger than usual, but no notice must be taken of it. We can only relieve the pain of the patient, pain which has no relation to the cauterization, by coating over the hemorrhoids with a narcotic ointment, and covering them up with a poultice. The tumor soon ceases to be painful, and is at last completely and spontaneously retracted. The time necessary for cure varies only according to the size of the hemorrhoids, the relaxation of the anus, and the age of the patient. It has never exceeded one month, and has sometimes been much less. In some subjects, even when circumstances have made success doubtful, cure has taken place as in simple cases. The patient ought to be chloroformed, for, though the operation is rapid, it is also very painful, particularly in private practice, where the assistance is less efficient than in a hospital. The patient may struggle after one or two applications of the cautery, and even refuse to allow others to be made, so that the operation would remain incomplete. The orifice of the anus and the surrounding parts must be painted with collodion. This is a very important precaution. All surgeons have affirmed the difficulty of preventing the effects of radiating heat. To preserve the parts from these effects, cloths steeped in cold water and thin plates of wood have been used; but not only are these in the operator's way, but they are not, as a rule, efficacious. Collodion, on the contrary, even when applied in a thin layer only, forms an artificial epidermis scarcely permeable to heat and sufficiently protecting the skin.

Treatment of Delirium Tremens.

Dr. H. S. Purdon says, in the Dublin *Journal of Medical Science*, on this subject:—

With regard to the treatment of delirium tremens, as debility is generally exhibited, nourishment, such as plenty of milk, eggs, and, in some cases, a moderate allowance of stimulants is, I think, necessary. I have remarked that when the patient is pale, thin, and not a confirmed tippler, and has not the greasy unctuous skin "reeking with volatile fatty acids," so characteristic of the drunkard, that Graves' plan of treatment, by tartar emetic and opium, succeeds very well; however, opium sometimes stimulates, even when guarded, so to speak, with antimony. A good purgative is a capital preparation for this, or indeed any plan of treatment. Chloral is useful, and is now the popular remedy for delirium tremens, but, as remarked in this case, does not always agree, and often seems to stimulate the heart and brain. Red pepper in twenty grain doses has not succeeded in my hands, nor has bromide of potassium. I have had no experience of the tincture of digitalis in one-half ounce doses, as recommended by Jones of Jersey, nor of the hypodermic injection of caffeine, except in neuralgia. For the tremor and "unsteadiness" that remain after an attack of delirium tremens, the oxide of zinc in two grain doses thrice daily has done good, or, if the appetite is bad, quinine given with the ammoniated tincture of valerian, may be ordered. I believe that when renal congestion occurs the disease is very often fatal, ending in convulsions, coma, and death.

Reviews and Book Notices.

BOOK NOTICES.

OUR EXCHANGES.

Harper's Monthly, Weekly and Bazar. We have so often expressed our high appreciation of these periodicals, that it seems almost unnecessary to repeat, individually, their value. We recommend them to our readers as among the best family papers that can be obtained.

Scribner's Monthly is a worthy rival of Harper's. Its illustrated descriptions of various parts of our country are of the highest order and intensely interesting. For summer reading the tourist can find nothing better than a number of Harper or Scribner.

Littell's Living Age, while giving the reader serials equal to either of the above, has its chief attraction in its reviews, criticism, and higher literary articles. It is an invaluable family magazine.

The "American Agriculturist" is one of the most valuable papers of its class published, and its price places it within the reach of the smallest farmer of the land.

Of our other Exchanges, the chief and most valuable are the "*Germantown Telegraph*," "*The Vermont Chronicle*," "*The Cincinnati Gazette*," "*The Evangelist*," "*Christian Advocate*," "*The Presbyterian*," "*The Methodist*," "*The Independent*," and "*The Presbyterian Banner*," either of which is fully worth its subscription price.

—We cordially welcome to our list of exchanges the *Weekly Medical Journal* of our friend, Dr. E. S. Gaillard, of Louisville, Ky. We trust he will meet with the most abundant success.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUG. 1, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

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OFFICE OF
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115 South Seventh Street,
PHILADELPHIA, PA.

TOBACCO POISONING.

After the ladies have dispersed the saloon keepers and shut up the "gin mills"—indeed, a considerable time before that millenial epoch will arrive—we hope they will take in hand the tobacco-users. There is too little attention paid in this country to the insidious and debilitating effect which this weed has upon the public health, especially when the system is not yet developed.

The only country whence any positive action on the offensive against tobacco is now reported is France. It has, as we have previously mentioned in this journal, an Association for Opposing the Abuse of Alcohol and Tobacco, over which the eminent surgeon, M. JULES GUERIN, presides. In April last it held its fifth annual meeting, at which the president made a very eloquent speech, in which he especially insisted on the decrease of the use of tobacco and spirits in France, as shown by the debates on the last budget in the National Assembly. He also expressed the pleasure which must be felt at the recent heavy taxes laid on both these noxious articles, and which must, he thought, cause a still greater diminution in their use. The general secretary then read a report on the works published during the preceding year on the effects of nicotine and alcoholism. M. Germond de Lavigne followed with a report on the rewards given by the Society to the authors of various memoirs, to several individuals who, by their own example, or their efforts, had assisted in discouraging the use of tobacco, and especially to country teachers who had been influential in keeping their pupils away from tobacco and alcohol. Several gold, silver, and bronze medals were afterwards distributed.

The urgent call for such action has repeatedly been pointed out by French medical writers.

In the *Gazette Medicale*, Dr. Scott has related the case of a worker in cotton, æt. 17, who in three hours had chewed about ten grammes of tobacco, swallowing all of the saliva. Next day he had a stupefied air, and as

if somnolent; his limbs were stiff and painful. The day after he had convulsions; his eyes were hollow, his features drawn on one side, tongue thick-furred, pupils fixed and dilated, small weak pulse, heart's action scarcely perceptible. Death took place on the seventh day, and the autopsy showed symptoms of violent congestion of the stomach and lungs, with asphyxic state of the heart and brain.

Tairgnot reports the case of a mortal poisoning from administration, in an enema of an infusion of sixty grammes of tobacco. The patient died in twelve minutes, with stupor, coma, and convulsions.

Dr. Bonnafont, according to Dr. Jolly, has clearly pointed out that tobacco is a frequent cause of deafness.

In the case of a great smoker, æt. 50, and who smoked as many as fifty pipes a day, Dr. Bornay found that sight and hearing became injured, and his intelligence became much lessened, as well as his power of walking.

Dr. Gustave Le Bon found that the workmen in the Strasbourg tobacco factories, employed in the rooms where fermentation goes on, lost their memory greatly.

Dr. Mélier and Dr. Hurteaux speak of a peculiar appearance of features seen in workmen of tobacco factories, somewhat like chlorosis, or certain cachexias.

Nor are the French alone in such observations. Quite recently the British *Medical Press and Circular* adds another to the list of cases of tobacco amaurosis, from the clinic of Dr. Drysdale. As it is typical, we quote it:—

"Benjamin T., æt. 27, a beer seller in the West India Docks, came to the Metropolitan Free Hospital in March, 1873, complaining of difficulty of vision. The sight of the right eye was almost entirely lost; he could not count fingers with it. Vision in left eye very imperfect, could count fingers and read newspaper print at about two inches from the eye. Mydriasis of both pupils; atrophy of discs. Had been a great smoker since the age of seventeen; he used to smoke sometimes an ounce daily of 'shag,' and lately 'returns.'

"*Diagnosis.*—Tobacco amaurosis. About seven years ago he fell down a ship's hold and cut his head open. In three days, however, he was at work again. No accident supervened for some years. Since about 1870 he had noticed a kind of fog before both eyes, even at mid-day. He gradually found himself unable to distinguish the time at the church clock at Limehouse, and the loss of vision went on, very gradually, indeed, until nearly total. The patient was afterwards seen by Mr. Wordsworth, May 24th, 1873, and returned on March 20th, 1874, to Dr. Drysdale, with the diagnosis, atrophy of optic discs. L., bare perception of light; R. 16, I., with difficulty at 6°; anterior chambers very deep; mydriasis; smokes half an ounce of tobacco daily. Mr. Wordsworth prescribed four grains of pot. iod. thrice daily.

"This is a well-marked case of tobacco amaurosis, and resembles in many respects the cases observed by Dr. Drysdale, at the Royal Ophthalmic Hospital, Moorfields, on several occasions. The description of a fog noticed even at noon-day is notable, and the mydriasis is common in like cases. This deplorable result of tobacco-smoking is seen sometimes as early as twenty-three, as in one case noticed by Dr. Drysdale in a young man."

In this country, where the habit of chewing is far more prevalent than in any other land, cases of tobacco poisoning are more frequent and severe than in Europe, but seem to have excited less attention. We shall be glad to receive and publish any observations which may call attention to the injury produced by the habit.

Notes and Comments.

Medical Maxims.

There are not many sermons we hear which exhaust the text; and a maxim often contains more wisdom than a dozen "annual addresses." All physicians should be familiar with the following maxims of Chomel, which have become classical: The proper aim of the physician is, first, not to do harm; and second, to try to do good. The physician is not to treat diseases, but patients affected with diseases. The forme of these maxims inculcates, in other words, the protection and promotion of tolerance as a fundamental rule in the practice of medicine. The

latter maxim inculcates this rule with still greater emphasis.

"I was dogmatic at twenty, an observer at thirty, an empiric at forty, and now, at fifty, I no longer have any system." So said Bordeau; and he is quite right; sooner or later in science, as in life, we ought to arrive at that wisdom which sees facts as they are, and not through the glasses of preconceptions.

Crede's Method.

This plan of treating the placenta seems to meet with general favor. The editor of the Chicago *Medical Examiner* says:—"Judging from our own experience and from the number of laudatory papers on this subject, Crede's method of delivering the placenta, or some slight modification of it, bids fair to take the place of every other."

The editor of the *Doctor* (London) adds:—"We can from our own experience speak highly of the above method, and hope it will be generally adopted."

Cures for Serpents' Bites.

Spirits of hartshorn and whiskey are time-honored antidotes to the poison of serpents in our Gulf States. Dr. Oré, of Bordeaux, has lately laid before the Academy of Medicine, in Paris, some observations of the cure of a young man from the bite of a viper, by injecting a solution of ammonia (seven drops to three drachms of distilled water) into the veins. A few days after the operation the patient was perfectly cured. *Apropos* of this, the Baron Thénard, one of the members, observed that in Burgundy, where the country is swarming with vipers, the medical men are in the habit of administering a strong solution of ammonia, by the mouth, which generally effected a cure. Another member related a case in which the patient was cured by alcohol. The patient, who applied for treatment thirty-six hours after having been bitten, remained several days in a complete state of intoxication, and was thus saved.

Permanganate of Zinc.

A recent report of the Medical College of Berlin contains an account of the use of this salt for injections. It is stated to be much more effective than sulphate of zinc. The following is the usual method of preparing it: Permanganate of silver is thrown down by mixing hot concentrated solutions of permanganate of potassa and nitrate of silver, and is afterwards levigated with a solution of chloride of zinc. The chloride of silver is then separated, and the permanganate of zinc is obtained by concentrating the solution cautiously.

An Englishman on American Physical Degeneracy.

Dr. J. H. Stallard, of London, who has been traveling extensively in the United States, and "takin' notes," writes to the *Lancet* his impressions. An extract from his letter reads: "According to my experience, the men and women in Chicago and San Francisco are physically, and setting aside our idea of classical knowledge as the test of mental power, mentally also, the best developed in the world. It is not at all difficult to explain the causes of this well-marked superiority over the men and women of the Eastern States, and most assuredly the character and extent of the education imparted has little or nothing to do with it. * * * Both in Chicago and San Francisco the men are tall, handsome, and well-nourished, and none but the finest women could have borne the physical fatigue which the journey across the continent entailed before the opening of the Pacific Railroad. In San Francisco all classes feed more rationally; they eat more plentifully and less frequently; they drink more wine; they take much more out-door exercise. When the heat is excessive they get into the cool air of the Nevadas by a three hours' ride; when the cold there becomes excessive they move back to San Francisco or the coast. Life, too, is not such a drive. The houses are less closed, doors and windows are nearly always open, and the hottest day is tempered by an evening breeze."

As Good as a Joke.

That a laugh is good for the health, all agree; but as there are some people on whom one's very best jokes are thrown away—*margarita ante porcos*—we are glad to learn from a contemporary that there is another way by which laughter may be produced, viz., by forcibly pressing with both hands the arms and legs, from the extremities upwards, so as to push the column of venous blood in the limbs towards the heart. This violent method of mirth can at times be advantageously used.

Pointed Coccyx.

At a meeting of the New York Pathological Society, in April, Prof. L. A. Sayre exhibited the lower end of a coccyx from a young lady, having been congenitally malformed.. The end was very sharp, "as sharp as a needle," the doctor said, and bent outward and backward. The sensation of pain was so exquisite that she could not sit upright, but always bent over. As a result, her form became bent, and chorea supervened. She finally came under the care of Dr. Sayre for the treatment of "Pott's disease." With the assistance of Drs. Yale and Blake, the extremity shown was exsected. After the bone was sawed off, the action of the muscles caused a very large opening to appear, much larger than the space occupied by the bone. It filled up nicely, and the hysterical symptoms disappeared.

Cases of Poisoning.

From Cincinnati Dr. Laidley reports a fatal case from the use of chloral. He had ordered one ounce of chloral in four ounces of syrup, and directed a dessertspoonful to be given three times during the night. Patient was suffering from the effects of a recent debauch—had mania à potu. Patient voluntarily swallowed one-half the contents of the bottle (240 grains) at once, and in ten minutes was dead.

—A death from chloroform occurred recently in the same city. A young man was being operated upon for the removal of a scrofulous tumor of the jaw. The chloroform was being administered carefully by one assistant, another was in charge of the pulse, when suddenly pulse and respiration ceased. Artificial respiration was kept up for nearly three-quarters of an hour, though there was not the least response to it during any part of the time.

Honey That Is Not Honey.

A writer in a Boston journal finds that most of the so-called strained honey sold in bottles is composed as follows: Cane or other sugar is melted in a decoction of slippery elm bark in water. Some manufacturers use, instead of elm, a solution of gum arabic and starch, to give it consistency and save sugar; but this last does not resemble honey so much when dropped, as it lacks the stringy appearance. These mixtures, with or without the addition of a little cheap Cuban honey, are flavored with essence, and the mess is ready for sale. The only true way to obtain real honey is to buy it with the comb.

Test for Arsenic.

The *Journal of Applied Chemistry* says that L. A. Buchnern considers the determination of the solubili y in water of the two modifications of arsenious acid, amorphous and crystalline, of importance in respect to toxicology, as well as pure chemistry. The results of his experiments are as follows:—

One part cryst. arsenious acid dissolves in 355 parts water at 15°, after twenty-five hours' contact.

One part amorphous acid dissolves in 108 parts water under the same conditions.

One part cryst. acid dissolves in 46 parts water, when a solution is boiled and allowed to stand twenty four hours at the temperature 15°.

One part amorphous acid treated in the same manner dissolves in 30 parts of water.

Professional Difficulties.

Lord Bacon, in his *De Augmentis Scientiarum*, says with great truth, of our profession:—

"Other arts and sciences are judged of by their power and ability, and not by success or events. The lawyer is judged by the ability of his pleading, not the issue of the cause; the pilot by directing his course, and not by the fortune of the voyage; whilst the physician has no particular act that clearly demonstrates his ability, but is principally censured (judged) by the event, which is very unjust, for who can tell, if a patient die or recover, whether it were by art or by accident? Whence imposture is frequently extolled and virtue decried. Nay, the weakness and credulity of men is such that they often prefer a mountebank or a cunning woman to a learned physician."

Correspondence.

Opium and Ergot in Abortion.

Ed. Med. and Surg. Reporter:—

An article appeared in the Reporter of January 24, 1874, on "The Comparative Merits of Opium and Ergot in Cases of Threatened Abortion." by Dr. Hiram Corson, of Pennsylvania. Whilst he cannot doubt the evidence submitted to the profession by Drs. Flowers and Saunders, as previously published in the Reporter, upon the safety and propriety of administering the

fluid extract of ergot in cases of threatened abortion, his general conclusion is, that those who resort to it as an anti-abortive do so blindly, without having any rational grounds for the adoption of such a dangerous practice, and that it would be far more prudent for the profession to refrain from using it under such circumstances, but adhere to the usual course of giving opium, plumbi acetatis, etc. Every physician should be cautious in the adoption of new remedies, but Dr. Corson evinces too much timidity for one who has been acquainted with ergot and its preparations for forty-five years.

The cause of abortion is attributed by Dr. Saunders to a condition of general atony of the muscular system of the pregnant woman, more particularly of the uterus and its appendages, but, with all due deference, I must differ with him, because, during a regular practice of fifteen years I have met with as many cases of threatened abortion and abortion among the hardy, robust and plethoric, as among the debilitated and anæmic.

When we take into consideration the physiological laws of gestation, it will be found that after conception has taken place, all the uterine system of blood-vessels become comparatively hyperæmic, every sympathetic organ similarly affected, and the whole economy of the woman deeply and vitally interested in the preservation and development of the new being in embryo.

At every usual period of menstruation, after conception, this hyperæmic condition will be intensified, the woman will be more nervous, and less able to resist the various and exciting causes of abortion.

But for the assimilative powers of the embryo, compensative of the menstrual discharge, the woman would have a regular show every month, as in health.

Every drop of blood escaping into the cavity of a pregnant womb acts as a foreign substance, is exciting in its very nature, producing pain, causing its expulsion or absorption.

In threatened abortion, pains are frequently produced by an engorgement of the capillary vessels of the womb and its appendages; no hemorrhage occurring; if any, it is latent, and the clot is absorbed. It is acknowledged by all who have investigated the therapeutical properties of ergot, that it acts specially upon the capillary system of blood vessels, as an astringent; hence its great importance in hemorrhages and congestions. In a case of threatened abortion, should there be pain, and no hemorrhage, the moderate use of ergot, say fifteen drops every four or six hours, will so reduce the calibre of the capillaries of the womb as to relieve the pain caused by the tension of the blood vessels.

More than twelve years ago, reasoning from its analogical effects in other hemorrhagic diseases, I commenced the use of ergot in cases of threatened abortion, *and always found it successful*, except in those cases where the hemorrhage was so profuse as to destroy the vitality of the ovum; and when this stage had arrived, the use of ergot, in full but reasonable doses, would prevent the woman from flooding to death, since a dead ovum is a source of great danger to the patient suffering from uterine hemorrhage.

One case, of more than ordinary importance, I will mention, among many others I have relieved with the fluid extract of ergot, was a lady who had been laboring under a continuous hemorrhage for five months, then advanced to the sixth month of pregnancy. She was anæmic, and bed-ridden; pale, nervous. Being called to see her, in consultation, I proposed to the family physician the propriety of giving fifteen drops of the extract ergot every four hours, until relieved. He was astounded at such an idea, and predicted a mishap under the influence of ergot, in less than twelve hours. For two or three months he had used every remedy of acknowledged merit in uterine hemorrhage complicated with pregnancy, but none would arrest the constant flow of blood from the poor woman.

The case being an urgent one, I assumed all responsibility, by his consent, in the administration of the ergot, and proceeded to give fifteen drops every four hours, it then being about noon.

The hemorrhage was checked, permanently, by the next evening; and, in order to prevent a relapse, I directed the same dose to be taken every morning and evening for three consecutive days. The woman continued well until full term, when she gave birth to a fine boy.

Other cases, of two and three months' standing, I have relieved by the same course of treatment, assisted, of course, by suitable adjuvants.

In the case cited, there was a partial detachment of the placenta, and there can never be hemorrhage from a pregnant womb without this condition; and when the ergot was given, by its peculiar therapeutical virtues, all the capillaries of the uterus and its appendages were reduced in calibre, the engorgement was relieved, a clot was formed at the point of detachment, the blood was diverted to other organs in the system, and the patient gradually increased in strength until restored to health.

I have known ergot to be taken for criminal purposes, *ad libitum;* but it never succeeded in expelling the ovum.

Like quinine, alcohol, and all other nervous stimulants, ergot will excite some pain in the impregnated uterus, but will not bring about abortion.

The only reason it acts with expulsive power upon the parturient woman is that the fœtus, at maturity, has become a pain-exciting substance to the womb, and the blood, being diverted from the pelvic organs of gestation to those of lactation, the action of ergot, in full doses, will tend to reduce the calibre of the uterine capillaries still more, so as to enable the muscular structure of the womb to act with more elasticity and force.

In those cases of threatened abortion associated with high fever and nervousness, refrigerants and sedatives are useful remedies, in conjunction with ergot.

In all uterine hemorrhages, whether compli-

cated with pregnancy or not, I have found ergot to be the only reliable medicine. In acute dysentery, and other forms of hemorrhagic diseases, this capillary astringent acts with equal efficacy.

Its success, in Dr. Atlee's hands, in expelling polypi and intra-mural tumors from the womb, was effected by its constricting the capillary vessels ramifying through the healthy tissue adjacent to these morbid growths, until those extending into these tumors have become obliterated, and then the womb, aroused by the presence of these foreign, and therefore exciting, substances, would drive them out.

"Caution is the parent of safety" in all things, and more particularly in the use of any medicine whose therapeutical properties are not properly appreciated; but I can assure the profession, from an experience of twelve years or more, that ergot is the most certain and potent medicine for averting abortion I have ever used. I cordially endorse the opinion advanced by Drs. Flowers and Saunders as to the therapeutical properties of ergot in cases of threatened abortion, and commend to the profession generally its use in all such and those of an analogous character. WM. R. PRITNEY, M. D.

Buckingham Co., Va.

NEWS AND MISCELLANY.

Personal.

—Dr. James M'Naughton, Professor of Theory and Practice in the Albany Medical College, died at Paris on the afternoon of June 12th.

—Dr. J. J. Neals, a prominent physician of Mill Creek, Huntingdon county, died suddenly last week.

—Dr. Charles W. Chancellor, who has been Professor of Surgery and Dean of the Faculty in Washington University, at Baltimore, since 1869, has resigned both of those positions, on account of private business obligations. His resignations were accepted, and as a token of their esteem, the Faculty at once elected him Emeritus Professor of Surgery and President of the Faculty.

—Dr. J. H. Gladstone, F. R. S., has called attention to some photographs of fluorescent substances. Fluorescent substances, such as bisulphate of quinine or uranium glass, have the power of altering the refrangibility of the violet or chemical rays of light; hence, although paper painted over with bisulphate of quinine will look nearly white, it will appear in photographs as if it were nearly black. Dr. Gladstone exhibited some photographs of ornamental design traced on white paper with bisulphate of quinine; although the designs were nearly invisible to the eye, in the photographs they were boldly visible. A colorless solution of bisulphate of quinine was placed in one glass, and some ink in another glass; when both glasses were photographed, they came out equally black. Dr. Gladstone said that once at the seaside he painted a pattern with bisulphate of quinine upon paper, and took the paper to a photographer to be photographed; he objected, because there was nothing on the paper, but on trying the experiment he found out his error. It was stated that some kinds of varnish possess a similar power of affecting the refrangibility of light.

[This may explain the mystery of the so-called spirit-photographs, of which we have so often heard. Many pleasing, and even startling experiments might be made in this way.—ED.]

—A paper entitled "Statistics of deaths by suicide among the British troops serving at home and abroad during the ten years 1862–71," was recently read by Mr. W. H. Millar, of the Army Medical Department. In ten years 663 deaths were reported under the head of suicide, which, with an average annual strength of 174,000 men serving, gave an annual ratio of 0.379 per thousand men. The returns published by the Registrar-General, of the male population of England between the ages of twenty and forty-five during the ten years from 1861–70, shows that the deaths from suicide gave but an annual ratio of 0.107 per thousand, or less than one-third of the rate prevailing in the army. Compared with the civil male population of England the ratio is excessively high, but slightly lower than in the French and Belgian army, and considerably less than in the Prussian and Austro-Hungarian service. The greatest number of suicides took place in 1869.

—An International Pharmaceutical Congress is announced to be held at St. Petersburg on the 13th of August.

QUERIES AND REPLIES.

J. T. Barnes, N. Y.—We know nothing of the speculum other than what appeared in our columns.

OBITUARY.

JOHN H. B. McCLELLAN, M. D.

A cable dispatch informs us that Dr. John H. B. McClellan, late of Philadelphia, died July 21st, in Edinburg, Scotland. He had but recently left this country, for the benefit of his health.

Dr. McClellan was the son of the celebrated Dr. Geo. McClellan, was a graduate of the University of Pennsylvania, and for a short time occupied the chair of Anatomy in the Pennsylvania Medical College. He completed, after the death of his distinguished father, his great work on Surgery. Dr. McClellan was not very prolific as a writer, nor was he successful as a lecturer, a position which he resigned soon after the commencement of his first course. As a Surgeon, he had obtained an excellent reputation, and enjoyed a fair share of business.

Among his friends, he enjoyed popularity, though to others he appeared distant and reserved.

The fact of his sudden death at the early age of fifty-one, would lead to the inference that while caring for the health of others, he had neglected to take the proper care for his own, and had worked beyond his capacity of endurance.

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Communications.

IMPURE MILK A SOURCE OF DISEASE.

BY T. D. CROTHERS, M. D.,
Of Albany, N. Y.

Milk, as an article of diet, is almost universally used. It is one of those nutrient substances which are subject to rapid changes of chemical and physiological principles, depending upon various causes, of which climate, water, food, and surroundings are most prominent. Recently it has been proved that milk may be the active agent or vehicle for the transmission of disease. The many cases reported during the last year give strong evidence that milk is an agent of far greater danger, and more widely diffused as a source of disease, than we are aware of.

The following case called my attention to this subject, and is presented not as peculiar and anomalous in any way, but one that can be readily confirmed by the experience of others.

Through January and February of this year I was called to prescribe for severe attacks of diarrhœa, occurring in a healthy family, well nourished, and living in good hygienic surroundings. This family had never suffered from this disease before, and it seemed more violent among the younger members than in those grown up.

The disease yielded readily to the usual treatment with evacuants and astringents, but returned as soon as the medicines were discontinued. A careful inquiry into the habits of this family indicated nothing unusual, except the free use of milk as an article of food. On Sunday, milk was made a prominent dish at dinner. It was noticed that the days following would be marked by an increase of the disease, unless checked by medicines. The milk was said to be pure, because it came from one cow kept in the neighborhood. With these hints, I made a visit to the stable, where I found a small, ill-conditioned animal, standing in a close, filthy stall, ill-ventilated, and containing hardly room enough to turn about. The food of this cow was garbage from the street, consisting of vegetables in all degrees of decomposition, cooked and raw, alternated with brewer's grains once per day. Water was given in the food, but occasionally a pail was brought in, depending on chance and circumstances. The stable was cleaned once or twice a week, and the doors were closed to keep in some hens. The walls of the building were brick, and the ventilation, or renewal of the air, must come from the open seams in the door and window. In this place, for over three months, this cow had been confined; her body was filthy, and the hair stood up in all directions. The amount of milk given varied from ten to eighteen quarts per day, and looked blue, although it tasted sweet. Here, the condition of the cow and surroundings, with the kind of food eaten, fully warranted the belief that the milk was impure and the cause of the diarrhœa. This diagnosis was confirmed by the complete disappearance of the disease when the family stopped using the milk.

No analysis of this milk was made, nor microscopical examination. But, on general principles, its fatty matters were deficient, with poverty of its normal constituents; and the microscope might have revealed animalculæ; bu

with these facts the nature of the poison would still be uncertain. Dr. Chandler, of New York, failed to find any specific poison in milk known to be impure. Other chemists have failed in like manner, giving strong hints that the cause is more subtle, and beyond our present limited means of observation. In this case, the impure milk acted as an irritant, causing a low grade of inflammation, a certain forerunner to other lesions.

A significant case, conveying a similar hint of obscure cause traceable to bad milk, came under my observation. An old gentleman, previously well and strong, while convalescing from a severe attack of intermittent fever, was ordered to use milk freely, by his physician. Four days after he began to use milk as a medicine, he was attacked with exhaustive diarrhœa, resisting all medicines, and terminating fatally in six days. The diagnosis was obscure, but subsequently it was ascertained that the milk used came from a cow kept in a similar condition as the one we have described. The family of the owner of the cow, who used this milk, likewise suffered from diarrhœa, a striking confirmation of the probability that the impure milk of this cow was the cause of death. The later history showed that the diarrhœa disappeared when this cow was turned out in the yard, and given better food, and more cleanly surroundings.

Another case in the practice of a friend in this city is further corroborative. A middle aged man suffering from diabetes for three months, was placed on a milk treatment, consisting of large quantities of milk daily. Chronic diarrhœa came on the second week after the treatment began, and grew worse rapidly, terminating in enteritis, exhaustion and death, four weeks after. The milk came from swill-fed cows, in close, dirty stalls, ill-ventilated, unhealthy, and diseased, without question impure and poisonous; giving strong probability that the active cause of death in this case was the milk.

Careful observation will reveal many similar cases, whose causes are obscure or unknown.

The subject is comparatively new to the profession, and but little that is positive is known of the transmission of disease through the agency of milk or water.

What the primal forms of disease are, how they reproduce themselves, and in what way they are propagated, are questions yet unsolved.

A grouping of some of the facts which show that milk is a source of disease may be of interest, as evidence of what is yet to be learned in this field.

There are three ways in which impure milk may be a source of disease, namely, chemically, physiologically, and psychologically.

It is well known that the chemical elements of milk depend upon certain conditions and surroundings which are clearly traceable, and may be well understood. Of these, the age, vigor, and health of the cow, with the quality of food, water, exercise, and pure air, are prominent factors. A deficiency of any of these will be followed by change in the quality of the milk. This is illustrated in the care and attention of stock raisers, who, when they wish to produce a fine, well-developed animal, give particular attention to the food and water of the cow, allowing the calf to nurse direct, rather than be weaned and raised on inferior milk deprived of its fatty matters. It is well understood that all cows raised by the latter methods (artificially) are wanting in vigor, and give milk likewise deteriorated. Also there are many reasons for believing that milk from such cows is more susceptible to chemical and physiological changes, and more dangerous as a vehicle or source of disease.

The vigor and health of nursing children is in direct ratio to the quality and quantity of milk. The experience of every day indicates the perils which children are exposed to from this source, seen in both mother and nurse. Also it suggests, with startling significance, the increased danger when milk is used from cows.

Some remarkable experiments on this subject were conducted by M. Decaisne, of Paris, during the siege of 1871, and detailed in a paper before the Academy, of which a good abstract may be found in the *Half-Yearly Compendium* for January, 1872. He sought to show the influence of insufficient food on womens' milk. Prefacing his paper with observations of Dumas, Payen, and Boussingault, in which were shown the fact that a cow gave healthy milk in exact proportion to the surplus of food beyond what was necessary for its own maintenance. If the animal was kept upon food barely sufficient for proper nourishment, the milk produced must be at a loss of animal tissue, with general deterioration of the milk and also of the cow. Milk formed at an expense of the nutrients and tissues of the body, has less caseine, butter, sugar,

and salts, while the albumen will be increased. It follows that the value of milk must depend upon the excess of food beyond what is required by nature to keep up the normal vigor of the body.

The author proceeds to show that nearly an analogous condition exists in women, which he demonstrated by experiment during the siege of 1871, in forty-three cases of nursing women.

These cases were in private families, and suffered from want and insufficient nourishment. Some of the results of his observations are stated thus: 1. Insufficient food always produces a diminution in the normal quality of the milk, also a variation of its chemical constituents; such as an increase of albumen and diminution of *caseine*, *butter* and sugar. The proportion of albumen, in such cases, is generally in inverse ratio to that of the caseine.

2. The health of the mother declined with this variation in the quality of milk, depending upon age, hygienic conditions, constitutional vigor, etc., until the milk became minimum in quality and quantity. Also that these effects are seen in four or five days from the time of using an insufficient diet.

These experiments indicate that a similar imperfect condition of health and surroundings, in both animals and human beings, destroys the normal quality of the milk, and also encourages and predisposes to organic lesions.

PHYSIOLOGICALLY,

milk may be normal in quality, yet possess the poisonous matter. Several striking instances have been noticed in Ohio and Indiana, where epidemics called "milk sickness" prevailed.

This disease was extremely fatal to men and animals.

In animals it was characterized by tremblings and fever, followed by congestion and death. In man the premonitory symptoms were obscure for some time, then a violent and intense fever came on, particularly among those who had used freely the milk from these cows. Where the animals were not attacked no cases occurred in man. These epidemics appeared in malarious regions almost exclusively, and when it ceased to exist among animals, likewise died out among men. The source of the disease was from the milk of these cows, but the ultimate cause was never clearly made out.

The instances of typhoid fever germs being communicated through milk have been so recently discussed in medical literature that they are familiar to the profession generally. A mention of two most prominent examples will aid in a better understanding of this subject. An epidemic of typhoid fever which occurred near Glasgow, Scotland, in 1872 and '73, indicated the prevalence of this fever in thirty-two out of thirty-nine families which were supplied with milk from one dairyman. Families supplied by other milkmen were singularly exempt. A milk census revealed that a large per cent. of the families supplied by this man were attacked at different times of the year with this fever. The family of the dairyman were also attacked, particularly those who had used the largest amount of milk. How the milk became the agent for propagating fever germs is not mentioned, but evidently through adulteration with water.

Another case in the healthiest suburban section of London, which occurred last year, places the whole subject beyond all question. Five hundred cases of typhoid fever were found distributed in one hundred and four families, ninety-six of which were supplied with milk from one dairy. The contagion was traced directly to the water used for washing the cans and retained in the milk; the water being previously polluted by sewer drainage. The details of these cases are before the profession, and have suggested the inquiry whether other diseases, as well as typhoid fever, may not be transmitted in this way.

It has been asserted that drinking water polluted with fever germs, taken up by the cow, will pass off in the milk, producing fever, etc. Also, that cheese and butter made from dangerous or impure milk will likewise transmit poison germs. Cases marked by violent cramping and purging have been traced to the milk used, which was found to contain animalculæ, supposed to be taken up in the drinking water, and developed in the system. Dr. Brown, of Gault, Ontario, reports two very striking cases of this kind.* Vogel, years ago, showed that vibriones in human milk arose from a condition of malnutrition. Dr. Gibbs found two genera of animalculæ present in milk, where the health of the mother was disordered by prolonged lactation. Other authorities have shown that milk may contain animalculæ as well as poisonous germs equally dangerous.

* Canada *Lancet*, August, 1872. *Half-Yearly Compendium*, January, 1873.

In Herkimer county, in this State, a large dairyman, who kept his cows confined in a filthy stable during the spring, suffered annually (with other members of his family), from a low type of continued fever. The families of two workmen who used this milk also suffered. The milk from these cows was charged with a pungent fecal odor, which the workmen sought to destroy by chemical means. For several years this condition existed, and the cause was supposed to be malaria. Four persons out of three families died, and those who had used the milk freely suffered largest. The physician used milk as a nutrient and medicine, in all these cases, but no relief followed until the cows were turned out to the fields. Last year a thorough cleaning and ventilation of the stables took place, and was continued daily, resulting in a disappearance of this fever, for the first time in five years. Here the fecal gases of the foul stables impregnated the milk and was the active cause of fever. Observation will show that these cases are common, and are seldom recognized. Every farming community, where milk cows are kept in stables, will furnish examples of different and mixed forms of fevers, which take their origin in this way.

These cases might be multiplied almost indefinitely, in single instances, and in local epidemics, but for our present purpose may be all summed up in one head, namely:—That milk physiologically may hold in suspension and transmit typhoid fever, and malarious germs, animalculæ, and poisonous fecal gases, all of which can be determined beyond doubt.

There is another source of disease, less frequent and more obscure, which I shall term

PSYCHOLOGICAL,

because it affects the nervous system and its functions.

The milk contains some element, produced by the violent emotions of the mind, that is directly poisonous; a familiar illustration is that of milk, when the mother is violently agitated, causing convulsions and death in the child. The text-books give particular caution and stress on this point, yet an hour after, when the emotions have subsided, the peril seems to have passed away. We are yet ignorant of the nature of this poison, which seems to have such a peculiar action on the nervous function. At a late clinic at the Albany Hospital a case was presented of a child six years old, suffering from epilepsy. The history indicated that the child was in health up to a certain time, when the mother, laboring under intense excitement, put the child to her breast; soon after the convulsions came on, which developed into a full case of epilepsy. A case of chorea, now under my care, can be traced back to nursing the child when the mother was violently excited. Other cases have been noted, of feeble and broken down nervous systems in children, which were referred back to this same cause, with great probability of correctness.

We are more or less familiar with the profound and often fatal disturbances produced on the system of nursing children by the pregnancy of the mother.

Cases have been reported where nursing children have been seized with convulsions and death, proceeding from the difficult and painful menstruation of the mother. The influence in both of these conditions is physiological as well as psychological.

The same disturbing influence or elements, although less marked, may be seen in cows, and the milk possesses the same abnormal conditions.

A gentleman of this city was advised to secure the milk of a young blooded cow for his infant child. A cow whose first calf was running by her side was purchased, and the calf taken away; and his servant was ordered to milk her, bringing the milk direct to his house. Two months later this child, who was previously healthy, was broken out over the body with a strange undefinable rash, which finally developed into pustules, called by the physician scrofula. Following this came a fever which seemed to affect the brain and nervous system. In the meantime the bowels suffered from intestinal irritation, alternately constipated and relaxed. Various consultations were held by the family physician, and extensive medication followed. The result was that this child, for the year or more while using this milk, was under the constant care of physicians. And, after the second year, had a weak, broken-down nervous system, with frequent pustular eruptions over the body. This was the more remarkable as no other children of this family of five were afflicted in this way, and both parents were healthy.

Subsequently it was ascertained that this cow was driven into a close stall, and whipped into subjection to allow the milking to go on; and

for the entire season this process was one of force and more or less brutality. Under these circumstances the milk was made poisonous by the nervous condition of the cow. This inference seems to be borne out by the history of the case, and confirmed by the fact that other children of the same family, brought up on milk from one cow, furnished by a dairyman, were healthy and strong.

A similar instance came under my observation, of a farmer, who, by the advice of his physician, procured the milk of an intractable cow, who had, from vicious habits, been considered unfit for the dairy. This cow, being of the Alderney blood, was thought to give richer milk. The milking was attended with much excitement, and the child to whom the milk was given suffered from gastro-intestinal irritation, and what was called scrofulous ulcers, during all the time of using the milk. Two years later this child was presented at the Albany hospital clinic with symptoms of chorea, a weak, nervous system, and low tone of physical vigor—an exception to the other children of the same family.

An illustration, more obscure, but pointing to the same cause, was noticed in this city three years ago. A highly respected milkman, with a large class of customers, sold out his business, with cows, to a brutal, intemperate man, who continued the business as before. From some chronic disease he was unable to leave the farm, hence he gave his time to the milking process. Being inhuman and intemperate he beat the cows, often with cruelty. The customers diminished, and complained that the milk was adulterated with some substance which acted on the bowels. At one time a large number were attacked with diarrhœa and cramps; and many bitter complaints were made. Later the property changed hands, and these troubles disappeared. No complaints of the milk had been made before or after this man engaged in or gave up the business, and it was asserted by a workman who remained during this time that the milk was treated in the same way, and not adulterated, leaving a very plausible inference that the excitement among the cows at the time of milking was the cause of the bad condition of the milk.

These instances seem to indicate that the quality of milk may be chemically and physiologically normal, and yet be poisonous to a large degree, psychologically propagating functional and organic changes of the nervous system as dangerous and positive in their effects as the germs of typhoid fever through the same source.

Practically, this subject resolves itself into the following conclusions, which should be prominent in the diagnosis of obscure diseases:—1. Milk coming from ill-nourished, half-fed cows, having no surplus of food beyond the minimum requirements of nature, is injurious, and may be the source of disease. 2. Cows deprived of abundance of good water, ventilation and exercise, secrete impure and dangerous milk, which may be loaded with gases, animalculæ and fever germs. 3. The milk from old, debilitated cows, fed on grains or over-stimulating food, is also imperfect and unhealthy to a variable degree. 4. The nervous condition of the cow at the time of milking determines the purity of the milk. If this is neglected the milk is an active source of disease, positively dangerous and fatal. 5. Milk adulterated with water is always liable to contain poisonous elements, particularly so in the spring of the year, when all spring and well water is more or less contaminated with surface drainage. This is the most common adulteration, and probably the most dangerous. 6. Experience has shown that the milk of one cow, unless the exact circumstances and conditions are known, is not superior to the aggregate milk of the whole dairy. 7. Facts show that milk is the prolific source of many diseases now obscure, and unless careful inquiry is made into the condition and surroundings from which we receive our supply, we neglect a sanitary measure of great importance.

TREATMENT OF INVERTED TOE-NAILS.

BY DR. W. HUKILL,

Of West Liberty, Ohio County, West Virginia.

Every practitioner, probably, is acquainted with this affection. Every one knows, also, that the various plans of treatment generally pursued are very unsatisfactory. Removal of the nail, or a part of it, is now generally considered the only certain remedy. This procedure is, to say the least, barbarous. The purpose of this article, however, is not to discuss the accepted modes of treatment, but to recommend a mode of treatment that has been employed by the writer for about four years, which has been highly satisfactory. It is, simply, to apply the muriated tincture of iron to the nail and the surrounding ulcerated and granulated surface, once or twice a day, with a camel's hair pencil. As a general rule, to apply it once a day, at bed-time,

will be sufficient. The ulcerated surface heals with astonishing rapidity, and the nail assumes its normal appearance, making a complete cure in most cases in a few weeks. Since I commenced using this remedy, I have done nothing else in such cases. Paring and cutting the corners of the nail usually does more harm than good. I need not attempt to speak of the modus operandi of the remedy, the object being, merely, to recommend a trial of it to others.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE, STATED MEETING, June 4th, 1874.

DR. AUSTIN FLINT, PRESIDENT.

The Modern Methods of Treating Fractures. What have they Accomplished?

By Dr. Frank A. Hamilton.

Before passing to the consideration of his subject, Dr. Hamilton said that in the treatment of fractures it is specially important to the surgeon to know what he can expect as a satisfactory result. An erroneous impression did exist, and does now exist. Malgaigne said, many years ago, that the public did not understand the average result of success. Thirty years ago there was scarcely a surgeon in this State who had not been prosecuted by patients for the treatment of fractures. In no other disease excepting dislocation is, or was, the surgeon liable to this money indemnity. If he operated on a case of hernia, and the patient died, there was the end of it, but in fractured limbs, instead of the patient paying the doctor, it was frequently the reverse. Dr. Hamilton at that time collected a large number of cases—over 400—from the hospitals of the large cities, and issued a brochure, and he was happy to state that since that time prosecutions became less common, till they nearly ceased to occur. Many a surgeon of ability was driven from practice from the fear of actions in the courts. The Dr. then proceeded to consider the paper of the evening.

At the present time there is a tendency, as there was thirty years ago, to estimate the results obtained. It is now claimed that plaster of Paris, in fracture of the femur, will yield results that have never been obtained before. This method is not specially new, though it has been re-introduced within the past few years.

Henriques, in 1814, used the plaster in the form of moulds. In 1852 it was revived in Holland, much the same as it is to-day at Bellevue Hospital. In 1854, Pirogoff announced his conversion to the use of plaster, but he used it in strips laid parallel to the limb. Other surgeons on the continent followed in the views of Pirogoff, but for all, it did not become popular.

In 1834, the starch bandage as an immovable dressing came into use at Brussels. This was, in its manner of appliance, exactly the same as the plaster bandage of to-day, with the use of starch instead of plaster of Paris to stiffen the muslin. In eight or ten years this plan became very general. Those who are here to-night, and are of the old generation, will recollect its use in the New York Hospital a quarter of a century ago, but it fell into disuse, and I think mainly from the bad results which occurred in its use. But we have now, with the younger generation of surgeons, those who, ignorant of the experience of the starch bandage then, claim results from the plaster better than were obtained then. I ask, in what respect can plaster have any special advantage over the other? They are both immovable dressings. I wish to criticise three papers which have emanated from Bellevue within the past few years in respect to the results that have been obtained in fracture of the femur. One is by Dr. S. B. St. John, formerly House Surgeon; one by Dr. Bryant, also a former House Surgeon, and one by Dr. H. B. Sands, Visiting Surgeon.

Dr. St. John claims, in his paper, to have obtained 25 per cent. of perfect results in this fracture. Dr. Bryant reports twenty-three cases, and gives thirteen, or over 50 per cent., as being perfect.

Dr. Sands also gives a high degree of success. There is one thing to be regretted, and that is, that we have no means of knowing how many of these cases, if any, have done duty twice in the reports, there being no possibility of tracing them back to the records. I have myself followed up the matter, and find that in twenty cases of fracture of the femur, one case was perfect, two cases in which there is three-eighths of an inch of shortening, and in the remainder the deformity was greater.

If the results are correct that have been obtained by Drs. St. John, Bryant, and Sands, all who do not get their averages of success are culpable, and it is a thing upon which we should be well and correctly informed.

It is the custom, in cases of fracture of the femur, when done up in plaster, to allow the patient out of bed within eight or ten days. I am of opinion that this increases the liability to imperfect and bad results, and believe we can do better for the patients by keeping up extension by means of Buck's extension or some modification of it.

Dr. Gurdon H. Buck, in response to an invitation for expression of opinion, said that however excellent plaster might be for an immovable dressing, it had never occurred to him to be indicated in fracture of the femur, where it is exceedingly important from time to time to examine the process of repair and see how it is getting on.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, May 27th, 1874.

DR. HERMAN KNAPP, PRESIDENT.

Suspected Dermoid Cyst of the Tongue—Only Recorded Case of the Kind.

Dr. Ward presented a specimen for a candidate, with the following history:—

On December 31st, 1873, Mrs. X., aged 34, and married, was first seen by her physician. She was of an exceedingly nervous organization, and did not suppose she was pregnant. By conjoined manipulation the uterus was found to be as large as it should be from a pregnancy in the fifth month. During February was seen again, but no other signs of pregnancy could be discovered than an increase in the size of the abdomen. To the hand it conveyed the impression of fluid, and no signs of the fœtal heart could be discovered by means of the stethoscope. May 7th, was taken with labor pains, and on examination it was found that the breech presented. The child was born without difficulty, and gave one or two gasps, then died. When the finger was carried into the mouth, it was found to meet an obstruction about the posterior portion of the palate. Dr. Jacobi had closely examined the case, and was of the opinion that this obstruction consisted of a dermoid cyst, but inasmuch as no dissection had so far been made, it was impossible to give a decided opinion. The case was referred to the microscopical section for examination. An examination of the fœtus showed the tongue to be covered with hair, and at the base of the tumor the tip of a second tongue was present, which gave rise at first to the impression that in utero the fœtus had bitten off the tip, which had fallen back and become attached to the tumor. If Dr. Jacobi's view is right, in considering it a dermoid cyst, it is the only one on record.

Abscess Connected with the Cæcum Simulating Inguinal Hernia

Dr. A. B. Crosby presented a specimen from a lady, sixty-five years of age, who had been complaining for the past twenty years, and for the past eighteen years has had dysentery. Last February complained of pain in right hip, with a sensation of burning. During April a tumor appeared above Poupart's ligament, which gave an impulse to the finger on coughing. The muscles of the thigh were rigid. The opinion then held was that it was hernia. May 11th the tumor opened and discharged pus and fecal matter through the opening. It appeared then that the cæcum had ruptured and was discharging its contents through this opening. An examination of the specimen showed a perforating ulcer of the cæcum, which had allowed the contents of the gut to pass between the two layers of the meso-cæcum, and find their way down to the inguinal region. The peritoneum had not been interfered with. When the finger was pressed on the abscess before it broke, the pus receded, and in this manner gave rise to the impression that we were dealing with a reducible hernia.

Pyo-Nephrosis.

Dr. Loomis presented the kidney from the patient reported on at last meeting. Fifty-two hours after the operation the patient died, from what was apparently peritonitis. The operation took place on May 12th, and on May 13th the temperature was 101½; pulse 104; respiration 28. He coughed and complained of pain in the abdomen, with tympanitis Respirations thoracic. Pus discharged freely from the wound. Countenance anxious. Next morning temperature 100½; respirations 32.

Autopsy.—Lungs congested, with a small section of hepatized tissue. Abdomen—tumor in the lumbar region, measuring nine and a half inches in length by six in width, and three in depth. This tumor was made up of kidney tissue, and contained three sacs. The ureter was dilated sufficiently large to introduce the index finger, and was occluded about an inch above the bladder. The epididymus on either side contained a sac which was filled with pus. Some discussion took place as to the cause of the pyo-nephrosis. It was first supposed to be due to renal calculus, but from the fact that both epididymes were affected, it was suggested that it possibly may have had its origin in a gonorrhœa not recorded in the history. An instrument was passed at the post-mortem, and no stricture could be discovered.

Tumor of Breast.

Dr. Janeway presented a tumor of the breast removed from a girl fifteen years of age. It was not malignant.

Uterine Tumor and Malignant Disease of Omentum.

Dr. Briddon gave the history of a lady who had a uterine tumor, and eventually developed ascites. At the post-mortem it was found that the omentum was the seat of malignant disease, which manifested itself during life in the form of a tumor, situated in the region of the umbilicus.

CASS COUNTY (IND.) MEDICAL SOCIETY.

The society met in the circuit court room, in Logansport, June 24, 1874, the president, Dr. J. A. Adrain, in the chair.

Dr. J. C. Neal, of the Grant County Society, upon invitation, read a paper on "Thermometry in Disease," which was illustrated by a chart and tracings showing the variations of temperature in numerous diseases. The paper revealed the fact that Dr. Neal is a close student and a painstaking worker in a scientific field.

The paper was discussed at considerable length by Drs. W. H. Bell, J. M. Justice, A. Coleman, and J. Hallinan. A vote of thanks was tendered Dr. Neal for his paper.

The second annual election of officers was then had, which resulted as follows: President, Asa Coleman; Vice-president, Reuel Faber; Secretary, I. B. Washburn; Treasurer, J. M. Justice; Censors, W. H. Bell, J. A. Adrain, and James Thomas.

The society was organized June 25th, 1873. Its roll contains eighteen names, and its members are alive to the interests of the profession in this northern part of Indiana.

I. B. WASHBURN, M. D., *Secretary.*

Editorial Department.

Periscope.

The Therapeutic Uses of Aconite.

This was the topic of a paper recently read before the Medical Society of London, by Dr. Brunton. He showed that the only aconite that could be relied upon was the *Aconitum napellus*, which had been selected by Baron Antonius Störck as the true drug, "eam a reliquis separare quæ vera est." Dr. Brunton said that aconite, as used in practice, had fallen into an undeserved oblivion, and he quoted from Dr. Garrod's Materia Medica: "it (aconite) is at the present time not very often employed, or only by a very limited number of practitioners" (p.163). After detailing the history of aconite and its preparations, he said that the best and least dangerous was the tincture of the British Pharmacopœia. He brought forward this paper as an expansion of one of Dr. Fothergill's corollaries from his paper, recently read to the Society, on the "Depressants of the Circulation." He (Dr. B.) showed briefly the action of aconite in poisonous and in medical doses, that it acted as a powerful depressant and sedative to the heart and circulation, and that when death occurs it is frequently as in hemorrhage. He quoted Dr. Fleming, who stated that patients who had taken too large a dose, but recovered, felt as if dying from excessive loss of blood. Upon this power of the drug was founded the therapeutic value. When administered in medicinal doses, the general result was similar to blood-letting, but in a somewhat different way. Blood-letting weakens the force of the heart by diminishing pressure on the vessels, while aconite diminishes pressure on the vessels by weakening the force of the heart. The action of aconite was —1. To lower the heart's action; 2. To lower the lung's action; 3. To lower the temperature of the body; 4. To produce free transpiration; 5. To produce sleep; 6. To starve a too vascular area. In short, aconite was our best substitute for general and local blood-letting; that it was our best agent just in those cases where formerly the lancet or leeches would have been used. He also showed that the power which had been assigned to this drug by Störck (in 1761), and which had since been denied, was quite correct, *i. e.*, its deobstruent power, and in support he quoted a few of many cases he had in practice, in which sole reliance was put on aconite for cure of enlarged glands, cervical, mammary, tonsillar, chronic hepatic enlargement, etc., and with complete satisfaction in result. He had notes of cases of acute disease where aconite was used, such as pulmonary congestion, catarrhal fever, pneumonia in its early stage, laryngitis, bronchial catarrh, acute nephritis, acute general eczema, and the like; he also detailed his observations on the temperature of the body during the action of aconite, and showed how rapidly and steadily it was lowered. Details were given of local inflammation, as orchitis and inflammation of the knee-joint, treated by aconite. Its use in the early stage of eruptive fevers was mentioned, and he found it cut short attacks of parotitis, and was decidedly most beneficial in acute ophthalmia. After detailing many illustrative cases, notes of which were taken during the past five years, and calling the Society's attention to the mode of administering aconite, viz., in small and often repeated doses, from one minim to a quarter of a minim every fifteen minutes for the first hour, or two hours, according as the circumstances of the case might demand, and one minim every hour after, the action of the drug thereby was kept up without producing poisonous symptoms. Of course, the aconite was to be omitted as soon as it had done its duty, and other suitable treatment adopted. He gave the following as his conclusions, after a very extensive use of the drug in private practice, extending over a period of fully five years:—1. The best preparation is the British tincture; 2. It is best administered in oft-repeated small doses; it is nearly tasteless; 3. Its use can be continued for weeks, as it is not cumulative; 4. It is our best antiphlogistic drug; 5. It is diaphoretic and diuretic "nec æger nec sudore debilitatus est;" 6. If it does not remove the products of inflammation, when these are formed, by its control it prevents their formation, and so saves the tissue from further injury, and prevents tissue change; 7. It is most decidedly deobstruent; 8. It has the advantage that it does not leave that excessive weakness which follows ordinarily the diaphoresis produced by other drugs, such as antimony: "Sub fine tamen æger copiosissimo sudore maduit, vires inde diminutæ non sunt;" "appetitus bonus est et vires integræ; "quo sæpius aconitum ægris exhibeo. eo majorem semper in hac planta virtutem et efficaciam admiror."

The Treatment of Corns and Bunions.

In a lecture reported in the *Medical Press and Circular*, Mr. Ormsby, F. R. C. S., said on this subject:—

The treatment of these two affections agrees very much in at once removing the tight boots and undue pressure, and soft pliable leather shoes recommended, applying simple cold-water dressings to the painful bunion; in the inflammatory stage, if suppuration occurs in its cavity, it should be cut into by early incision. To prevent undue pressure various methods have been suggested from time to time; a round piece of leather or condensed piece of wool having an adhesive side next the skin, and a round hole

cut out of its centre to receive the corn or bunion, and this then applied round the periphery of the swelling; this, no doubt, is a very useful plan, but act, as it may do, most efficaciously for a time, it is only palliative, and does not effect a permanent cure. The topical application of nitrate of silver produces a hardened black portion of epidermis over its summit; this, after a time, gets detached, and you can peel it off, and when this is removed touch it again with the nitrate of silver, and so on until all traces of the callosity disappear. I have over and over again tried this plan, and it has seldom failed in my hands, but it must be persisted in. Chiropodists, a class of people who think themselves very clever, profess to take a "corn out by the roots," a most unscientific observation, to say the least of it, and in reality all they do is, by a patient and gentle paring process, remove a great part of the thickened cuticle, and recommend a well-fitting boot, and simply by removing the cause it often effects a cure. You must also bear in mind that a very loose boot is nearly as bad as a very tight one. Glacial acetic acid is also recommended to be applied after the callosity has been well softened by keeping the feet in warm water for a short time. When the callosity occurs in the sole of the foot and a circumscribed enlargement is seen, if directions are given to a bootmaker, he can make an allowance in the sole and form a slight depression, so as to prevent undue pressure to the foot; in fact, boots of any dimensions and shape can be made by an intelligent bootmaker to suit any deformity occurring in the toes or feet. Well-made boots prevent much annoyance and deformity, while badly-made and ill adapted boots are a very frequent cause of deformity, corns, bunions, limping, etc. Another distortion often seen is what is called *Hammer-Toe;* it is caused generally by wearing boots of insufficient length, and the toes are bent up and considerably flexed to accommodate themselves to their cramped position; after a time the flexor tendons become permanently contracted, and the toes assume a form not unlike the appearance of a hammer, hence the name; the great, second, and last toes are most often affected.

Treatment.—To recommend longer boots, and allow the toes space to travel forward. Tenotomy of the contracted flexor tendons may be resorted to, and a spring-pad attached to a sole of leather or other light material, and the toes bent forcibly down and bandaged to this sole, which may have slits in it corresponding to the interdigital spaces, which facilitate the bandage passing between the toes and keep them permanently extended.

The Adulterations of Coffee.

In a lecture delivered in London, Mr. James Bell remarked on this subject:—

The adulteration of coffee had given rise to much discussion. It was only when roasted and ground that it could be adulterated successfully. A simple way to detect adulteration in coffee was to place some in water in a test-tube, and in five minutes its presence would be detected. If infusions of equal quantities of chicory and coffee were placed in tubes, the color of the chicory infusion would be twice as deep as of the coffee infusion. By the aid of the microscope, the presence of chicory could be ascertained, and by the density of its infusion the quantity was known. Even five per cent. of adulterating matter in coffee could be detected. The husk of the coffee berry was removed, and it was the bean only that was brought into this country. Inside the husk was the parchment, and inside that the skin which enveloped the bean. A portion of skin came with the bean, because more or less of it was contained in the folds of coffee-bean. The various tissues of the coffee-bean were then described by Mr. Bell; who afterwards said that the law allowed chicory or any vegetable substance to be substituted either for coffee or chicory, provided that a duty had been paid upon the article, so that any person was at liberty to prepare any article as an adulterant, provided he paid a duty upon it. If vegetable matter were used, it must be grown in the United Kingdom. Coffee was so peculiar in its vegetable structure, however, that there was no difficulty in detecting seeds used as adulterants, or in identifying the seeds. Locust-beans had also been found in coffee, to the extent of thirty per cent. Rye had also been used to adulterate coffee; and when roasted and ground, there were always some starch-granules remaining. Its presence could be detected both by the granules, and by the character of its husks. Venetian red had been used to color both chicory and coffee, and black mustard for chicory.

An Unusual Form of Lepra.

Dr. J. L. Milton, in an article in the New York *Medical Journal*, February, 1874, says:—

I am not aware that the form of disease now to be described has been mentioned by any other author. The demands on my time have not allowed me to make any particular search to determine this point. I therefore limit myself expressly to saying that I am not familiar with any description of it, and that I have only seen four cases, but two of which occurred in my own practice.

The first case I saw in 1867. The patient was a powerfully built, healthy looking countryman, who was under the care of another practitioner. On the right leg, extending from the tibia around the outer side to the back, and from a little above the beginning of the calf to about two inches below this part, was a large patch, very irregular in outline, and seemingly composed of several almost circular patches, which, in the progress of growth, had become fixed together. Except in respect to color, the surface of it strongly resembled the organization of the lichens seen on old stone-walls. The hue was, however, widely different, being

more like that of the yellow milk-mushroom (*Lactarius theiogalas*) than anything else I know, a hue composed of yellow and brown, which I find it difficult to describe in words. The patches were elevated about a line and a half or two lines above the surface, and rough to the feel. I learned from him that the part was at times covered with scales, but there were none on it when I examined the patient, whom, however, I only saw twice. Syphilis had been suspected as the cause, and he had been put through a course of treatment for this disease, but I could not satisfy myself that there was really any history of syphilis, and the treatment seemed to have had no effect whatever.

The next case was that of James F., aged forty-six, also a very strongly built man, but pale, and of a saturnine expression of countenance, who came under my care, May 8, 1868, with apparently the same disease; the appearances being as follows: On the left leg there were several patches just below the knee, varying in size from that of a split pea to that of a halfpenny, and there were three on the front part of the ankle. On the right leg there were three on the front and middle part of the tibia. These spots were distinctly raised a slight distance above the level of the skin. On some of the patches there were scales; others were free from them. The latter were of a pale pink color, with a sharply-defined outline, but the edge being as much raised above the level of the skin as any other part. They were, as near as I could estimate, about two lines in thickness. All the patches which I felt were hard and resisting. The scales, on those parts which bore them, were white, thinner and smaller than those of lepra, but thicker and larger than those seen in pityriasis. They were secreted in great abundance. The patient told me he was in perfect health, but during the time he was under my care he often complained of diarrhœa, indigestion, and symptoms pointing to congestion of the liver. No other member of his family had, so far as I could learn from the patient himself, suffered from any disease of the skin. There was no history of syphilis, and no reason to suspect any.

I tried everything I could think of to remove the disease, but with very limited success. Among the remedies employed were a course of biniodide of mercury, with frictions of yellow nitrate of mercury ointment over the parts affected; caustic soda externally; a course of bichloride of mercury, and one of small doses of calomel; iodide of potassium, first alone, and then with liquor potassæ, aided by frictions of nitric oxide of mercury ointment; iron singly, and combined with arsenic; arsenic continued for months, accompanied toward the close of the course by vapor baths. The patches gradually shrank, some of them to about half of their old circumference, and most of them grew much thinner; one or two of them became at times eczematous; but not one of them had entirely disappeared when, at the beginning of the present year, the patient gave up treatment. He had not always given it a fair chance, but, judging from the very slight effect produced by any of the remedies, it is doubtful if the most persevering and heroic use of them would have really influenced the issue of the case.

I did not meet with another instance of the disease till 1871, when a girl suffering in this way came under my care. She was about seventeen years of age. The disease had invaded the front part of both legs, extending from below the knee almost to the ankle. She presented, in her face and the upper part of her person, a strong contrast to the other patients, her features being so delicate as to be almost childlike, the hue of her skin fair and pale; but, strange to say, the legs below the knee were of extraordinary size, the calf being quite as thick as in a strongly-made man, and the foot, though small, of unusual thickness and very fleshy. On the upper part the patches had taken on much the same appearance as in the preceding case; that is to say, they looked like immense pink warts, raised perhaps a couple of lines above the skin, partly covered with scales, as in ordinary lepra. On the lower part of the limbs, where they were in process of formation, the spots showed like small, white-pointed warts. When the hand was passed over them, they communicated the feel of so many minute horns being touched. They were as hard as corns or human nails. When removed the skin beneath was red, smooth, and polished, as if a scale of lepra, or crust of very dry eczema, had been stripped off. The growths were quite white. I did not see the patient very frequently, but, as far as I could make out, these little spots seemed to spread and run together till they formed patches.

Arsenic was prescribed and carried to as great an extent as could be borne, but the patient's occupation did not allow her to take her medicine with any great regularity, to pay proper attention to her diet, or to make any use of baths. Still she made considerable progress toward a cure, possibly owing to her having the great advantage of youth on her side; the scales fell, and the patches grew flatter and thinner. About this time, however, she began to attend very irregularly—her work, according to her account, preventing her from doing as she wished—and then ceased coming altogether.

The fourth case was one exhibited by Dr. William Stuart, at the Harveian Society, May 2, 1872. The patient was a young man, thin, and with but little muscular development. The disease consisted principally of one large patch, about ten inches long and two wide, seated over the popliteal space of the right leg. There were also here and there small isolated patches, and one about an inch in diameter was observed over one trochanter. The spots were of a port wine color, were surrounded by a lichenous eruption, and were at times covered with scales thinner and smaller than those of ordinary lepra. The disease had existed two years, and was supposed to be of syphilitic origin, but, if so, the appearances in question are, I believe, not spoken of by any

author on syphilis. The patient had been treated with tartrate of iron and bichloride of mercury, a mild mercurial ointment being applied externally. Under this treatment the lichenous eruption had disappeared; the lepra, however, remained unaffected. No other member of the patient's family had suffered in the same way.

Dr. Stuart stated that he had seen but one case of the kind before, and that was at St. Louis, twenty years previously. In this instance the disease consisted of isolated elevated patches or tubercles, of the size and appearance of split pickled walnuts, seated on the outer sides of both thighs. Dr. Stuart could get no history of the case.

The Use of the Electro-Magnetic Current in Labor.

In the Edinburgh *Medical Journal* Dr. McRae gives the following cases:—

Mrs. A., multipara, began to feel parturient pains on the evening of 20th August, 1872. She was at full time. I saw her about 1.30 A. M. on the morning following; on examination, I found the os about the size of a shilling. The head could be felt very far up. During the morning the pains increased in severity and force, the os slowly dilated, but the head did not descend. By ten o'clock, however, the head came into the brim; but though the pains continued strong, it did not engage in it, but retreated immediately on the cessation of the pain. At ten o'clock A. M. she insisted upon having chloroform, having always been delivered under it before. Under the chloroform, I got the os completely dilated, and used Ziegler's forceps, but could not get them to engage the head, which, though pressure was kept up externally by the attendant, still continued to retreat on the cessation of pains. At the end of an hour the pains ceased. I now left off for some time. At twelve I applied the electro-magnetic current, placed the negative pole on the abdomen, and the positive on the perineum. A strong pain was induced, but was scarcely felt by the patient. The uterus, however, contracted, and the head again came down on the brim. I continued the current for about one and a half hours, and intermitted now and again, so as to simulate the natural pains. When the current was interrupted, no pains occurred; when it was applied, pains came. The longer the current was used, the stronger became the pains, and the more strongly did the uterus contract. By keeping up pressure externally when the current was intermitted, the head was got to engage in the brim; but for some reason then unknown, but suspected, the head would not come down. After a prolonged trial of the current, both with and without chloroform, I deemed it advisable to adopt some other method. Accordingly, I again applied the forceps. The head had to be pushed back to admit them, but I could not get a hold sufficiently firm to warrant their use. As there was no danger to fear at this stage, the head not pressing unduly upon any important part, I thought it better to leave off, at least for a time. And after she had somewhat recovered from the effects of the chloroform, I administered twenty drops of chlorodyne. This, however, was succeeded not by sleep, but by severe uterine pains; the head engaged in the brim, passed into the hollow of the sacrum, and the labor was completed by the forceps in fifteen minutes after the chlorodyne had been administered. The cause of the delay was now ascertained. The child was at full period and of average size. The cord measured 12½ inches from umbilicus to placenta, and was also engaged round the child's neck. This condition of things had given rise to the great tendency to retraction of the head, had also prevented the head engaging in the brim, and until the placenta had become detached, or the uterus had become somewhat inverted, had been the chief factor in delaying the labor. It was also the cause of considerable difficulty in getting the shoulders into the world. I found the placenta detached, and removed by slight traction. It presented no features of irregularity.

I do not wish to digress from the idea of this paper, and remark upon the short cord, and its relation to the neck, as a cause of delay in the labor, but I bring the case forward to prove a proposition that I communicated some months ago, that the electro-magnetic current induces, invigorates, and intensifies uterine pains, a doctrine that has been denied in obstetric science by very high authority. The facts as related above are true, and go to prove the utility of the electro-magnetic current in cases where the uterine action is deficient. And although the labor was not accomplished by its use, the action of the uterus during its application completely demonstrated its power.

Mrs. McL., aged twenty-two, a primipara, and under the average size, had been in labor for thirty-two hours when her medical attendant requested me to see her at 10 A. M., on the 7th of October, 1872. The pains had ceased for three or four hours, and various agents had been used to restore them, but they were useless. I found the head upon the brim, but not entered. I applied the current at the request of her medical attendant. In a few seconds the pains returned and uterine action commenced, and little by little the head came down. The current was used now and again for three-quarters of an hour, when the head got impacted in the brim; and although the uterus continued to contract vigorously, the head became immovable. The current was now abandoned. The patient was put under chloroform, and with great difficulty the forceps were adjusted on the head; but so disproportionately large was the head to the passages, that an hour elapsed before the head was born. The force required to extract it was very great indeed, and was accomplished only by the exhibition of great muscular exertion. My colleague, a powerful man, was unable to extract it. Without the exhibition of this force, craniotomy would have had to be performed. The child was a large one; and, notwithstanding the force used, no damage was

done to the head or to the passages, and the patient made a good recovery.

Although, in this case also, the labor was not accomplished by the application of the current, yet a sufficient manifestation was given of its utility in cases of inertia uteri.

Neither of these two patients complained of pain, but rather seemed to like the feeling. It appeared also that the uterus contracted violently, without causing so much pain as when it contracts without the current. Its use need not be feared, therefore, by the most tender of mothers.

On Syphilitic Insanity.

Mr. H. H. Newington says, in the *Journal of Mental Science*, January, 1874:—

Syphilitic insanity is a form that requires considerable definition, as I think will appear from the following considerations. Dr. Wille, as I gather from Dr. Addison's German Retrospect in the January number of the *Journal of Mental Science*, 1873, has been able to assign a syphilitic origin in 2.5 per cent. or 1-40th of his cases, and states that even then the average is underrated, from the difficulty of obtaining proper histories. I have turned over the tables of causes of insanity on admissions in the 1872 reports of 47 asylums (20 England, 9 Scotland, 2 Ireland, 14 America, 2 Colonial), and find six cases only noted, 1 in England, 1 Scotland, 3 America, 1 Colonial, being an average on total admissions of .1 per cent., or 1-900th. What is the cause of the discrepancy? It can't be that Germans are more prone to syphilis in its worst forms than we are. It must lie in the manner and degree in which the disease is recognized. Giving full weight to a possible over-eagerness on the part of the Germans, and to the fact that the statistics which give such a high percentage are drawn from the whole population of asylums, whereas ours are drawn from the admissions only, we must own that our recognition is very limited; in fact, the causation is almost always allowed only in such cases as the one I have just described. Take our text books, for instance. Such a recent one as that of Dr. Maudsley only deals with tangible intercranial disease as a cause. Still more recent, that of Dr. Blandford hints at nutrition changes produced by syphilis having a hand in causing insanity; but he also writes this: "Syphilitic insanity is usually spoken of as syphilitic dementia." I have been able to find in various works the following relations between syphilis and insanity: 1. Acute mental disease may occur coincident with or even preceding and following the eruptive stage. This is a rare form, and seemingly requires great brain vulnerability for its production. 2. As a companion to the tertiary stage may occur a condition that is found with other forms of meningitis, to be followed often by dementia. Dementia also occurs sometimes without any appreciable intervening changes; but then it would be impossible to say that syphilis unaided had been the cause. 3. We meet with cases caused not so much by a specific brain destruction as by the sequelæ of a syphiloma. This condition might be well described as syphilomatous insanity. The name would, at all events, tie one down to a precise diagnosis, and at the same time afford pathological information to a reader of statistical tables of insanity. 4. We again find syphilis existing in a relation to melancholia; not a specific one, but, on the other hand, one that requires careful investigation before it is admitted in any given instance. Of course we at once reject mere syphilophobia without any manifestation of the disease. But we admit the power of corporeal diseases, such as irregularities in the alimentary canal, to determine at least an attack of melancholia; indeed, our first anxiety is to find out some such trouble, and we often find that, by setting that to rights, we ameliorate the mental condition. Therefore, it is reasonable to include syphilis as an agent in producing this form of disease. Dr. Wille gives considerable prominence to melancholia as a special symptom of syphilitic insanity.

In conclusion, I venture to hope that you will consider it appropriate to describe the above case as one of "Syphilomatous Insanity;" and also to suggest that, instead of using the too comprehensive name of syphilitic insanity, the causation and form of mental disease should be combined—*e.g.*, syphilitic dementia, syphilitic melancholia, etc.

Ichthyosis of the Tongue.

In an article in the *British Medical Journal*, March, 1874, Mr. Morris laid it down as an axiom that the white, hard thickening of the mucous membrane, which others called ichthyosis, invariably ended in epithelioma. Soon after Mr. Morris' paper was published, in which there was a drawing of the microscopic appearances, the subject was brought before the Royal Medical and Chirurgical Society, by Mr. Fairlie Clarke, and a very instructive discussion resulted. Much objection was felt to the term ichthyosis, and others were proposed. The disease usually passes under the name of psoriasis, both in this country and abroad, and the same condition of the mucous membrane often extends to other parts of the mouth. Syphilitic cases simulate this, and should be carefully distinguished, as in them treatment is more effectual.

Mr. Morris does not think the disease arises in irritation, for the irritation arising from inveterate smoking counts for little, when we find that ichthyosis linguæ occurs in those who have never been great smokers, and when we remember that hundreds of smokers of short pipes, and short cigars, too, take in very hot smoke, but do not suffer from this disease. It unquestionably occurs in persons whose tongues have never been exposed to any excessive or unusual irritation, whether from smoking, tongue-scraping, glass-blowing, or otherwise. Mr. Morris says:—

"I do not know if Mr. Clarke has been able to prove that persons with ichthyosis linguæ have a strong inborn tendency to the development of warty growths; nor do I see how treatment directed to the digestive organs can benefit (as it seems to do ichthyosis linguæ) a condition due solely to irritation in a person with or without such a tendency. It is admitted that ichthyosis linguæ never gets well under treatment; but being of the character and kind it is, ought it not, if produced by irritation, to disappear soon after the removal of the irritation? Should we not expect the dogma of the schoolmen—'Sublatâ causâ, tollitur effectus'—often enough erroneous, to be, at least in this case, verified?"

As regards operative treatment, the wisdom of excising the affected tissues depends upon the degree and extent to which they are involved.

Some of the cases mentioned prove an association in the same person, and also in persons of the same family, of ichthyosis linguæ and ichthyosis of the skin. From this the name given, has been defended, but psoriasis is more commonly used, and other names have been proposed.

Relation of Skin Disease to Nervous Distribution.

The Madras correspondent of the London *Medical Times and Gazette*, April 11, 1874, gives the appended case:—

The patient was a gentleman in the private wards, twenty-five years of age, of pure European blood, and decidedly fair-haired and fair-skinned, of Anglian aspect, born in India, but resident in the hills, where he was engaged in coffee-planting. For the last five years he had been slowly becoming leprous. The first thing to attract attention on examining him was the slight but decided bird claw-like attitude of both hands, the extensor and flexor muscles of the forearm seeming each to be in a state of tension, so that the whole hand was drawn backward at the wrist by the extensors, whilst the fingers were bent down towards the palm, and could not be extended by the patient to the straight position. The median and ulnar nerves were enlarged and cordy, and branches could be felt down the flexor side of the forearm in a similar condition. There was entire loss of sensation in both forearms, from the elbows to the wrist, and in the corresponding part of the leg; and in the right hand, except in a spot on the flexor side of the wrist. The patient could not feel sufficiently to button his shirt; the backs of the anæsthetic fingers were "glassy," as was described by Paget as a character of paralyzed limbs. Some loss of sensation also in the tips of the ears, and over the spine of the right scapula; very slight, if any, loss of hair from the outer end of the eyebrows. The reason of his being in hospital was a very severe attack of acute eczema. Six years before he had had a discharge from the urethra, which he was told arose from a concealed chancre, and he had been since liable to cutaneous eruptions, which he was told were syphilitic. The eczema was judged to be syphilitic by the medical officers of the hospital. The points of interest are these two: First, the co-existence of a syphilitic taint with leprosy; and, secondly, the effect of the condition of the nerves on the distribution of the eczema; for this was limited accurately to those portions of the arms and legs which were anæsthetic, and was found nowhere else.

The Treatment of Lupus Erythematosus.

The London *Medical Record*, January 28th, 1874, says that Dr. T. Veiel gives a record of all the cases of lupus erythematosus which have been treated at the institution of his father and brother at Canstadt during the past seventeen years, with a good description of its natural history, and a detailed account of the various forms of treatment there employed against it. Up to the time of its publication, the best results were obtained by chloride of zinc in solution in an equal quantity of alcohol, used as follows:—A blistering plaster is first applied to the whole affected part. The epidermal covering, which forms a thick and opaque coat, is then removed, revealing the deep-red velvety papillæ, sharply defined by contrast with the firmer and paler healthy portions. The diseased parts are then painted with the solution. The pain is considerable. The yellowish-white varnish-like crust which forms is removed by poultices on the third or fourth day, and the cauterized parts are found covered with epidermis, offering in this respect a marked contrast to lupus vulgaris, which exhibits, under similar treatment, a surface of exuberant granulations, which cicatrizes much more slowly. Points which still remain open quickly heal under the use of the alcoholic solution of chloride of zinc, diluted one-third with water. Cauterization in this way is repeated until the cure is complete. Although the scars are larger than after spontaneous cicatrization, they are not in the majority of cases disfiguring.

In another article Dr. E. Veiel gives a detailed account of the later method employed at the Canstadt Skin Hospital, which is a combination of the chloride of zinc cauterization above described, and Volkmann's method of scarification. For this purpose, and to prevent the great loss of blood which often follows the use of the customary single lancet, 150 to 200 grammes generally flowing when the operation is prolonged for the necessary half-hour, in ordinary cases affecting the face, he has designed a set of blades placed side by side, and inserted in a common handle, by which six punctures are made simultaneously. The duration of the operation is reduced to five or ten minutes, and thus more immediate attention may be given to controlling, by pressure, the hemorrhage. On this account, too, the necessity for the use of anæsthetics during the operation is diminished; although, as the author says, the principal effect upon the patient is not produced by the scarification and cauteriza-

tion, but by the persistent pain, which often lasts eighteen or twenty-four hours, and then 'the danger which is a part of every administration of chloroform is out of all proportion to the amount of pain to be endured.'

Directly after the puncturing, the parts are cauterized with the alcoholic solution of chloride of zinc. Superficial suppuration follows, and crusts form, which fall off in from six to ten days, after which the puncturing and scarification are again performed. This is repeated until a smooth and uniform cicatrix is formed, which subsequently becomes white. Generally, five to eight times are sufficient for a perfect cure. Relapses, however, are not wanting, even with this treatment, manifesting themselves as red points in the cicatrix, which by confluence are converted into true lupus spots; but these are easily nipped in the bud by a repetition of the treatment.

Iodide of Potassium in Syphilis.

The London *Medical Times and Gazette*, Feb ruary 7, contains the following remarks on this subject:—

During the period of syphilitic eruption it is questionable whether iodide of potassium is of the slightest value, whilst mercury undoubtedly exercises a most important influence on the evolution of the disease; but in this stage, which is commonly spoken of as the tertiary stage of syphilis, the value of iodide of potassium is just as unquestionable as is the value of mercury in the earlier phases of the malady. It is a very important question for us to settle—if settle it we can—What is the value of mercury in the after-stage of syphilis? Suppose we see a patient with well marked rupia, with periostitic pains, and other signs of tertiary syphilis, who, nevertheless, has not taken mercury, what should we do? The first thing to note is that such symptoms, though usually sequelæ, may occur in the active stage of syphilis; and as long as syphilis is active, mercury will be of use; but as soon as the active symptoms have passed away, and the so-called tertiary stage begins, we must abandon the attempt to cure by mercury—we must give iodide of potassium. It is not always easy to say where the one stage ends and the other begins, but, broadly speaking, tertiary syphilis, or the sequelæ of syphilis, may be laid down as beginning with the stage of gummy deposits; and wherever these exist, iodide of potassium, and not mercury, should be given.

There is one matter of great interest with regard to the giving of iodide of potassium in such cases. Under ordinary circumstances, if we give a patient a dose of fifteen grains three times a day, we should soon have him running at the nose and eyes, and with a rash all over his skin; but in the sequelæ of syphilis we may give twenty, thirty, or even sixty grains every four hours, and only benefit accrue. There is no rash, and no other symptoms of iodism. But iodide of potassium is not the only remedy to be given in such cases. Iron and quinine are always of service, as we might almost conclude *à priori* from the pallid and anæmic look of such patients; but cod-liver oil seems often of even greater value, as it is in chronic rheumatism. But, over and above these, sarsaparilla is of undoubted efficacy. Many people think little of its effects, and are inclined to sneer at its use. This most frequently arises from the mode in which it is given, for the decoction should be administered, not by the ounce, but by the pint; and so given its value is great.

It is, therefore, of the first importance to be able to recognize the stage in which a patient is at the time when seen. Whatever the nature of the symptoms of syphilis, if the disease is in process of evolution, mercury will do good; but if that be past, and only the sequelæ left, it will as certainly do harm. Then is the time for iodide of potassium and sarsaparilla.

Tincture of Iodine in Syphilis.

We learn from *The Doctor*, April, 1874, that Dr. Zeissl, of Vienna, speaks as follows of cases treated by iodine: "These and some similar cases convinced Professor Zeissl that expectant treatment was not suitable for the treatment of syphilides in hospital practice. He resolved to try iodine, and, as the iodide was very dear, he substituted the tincture of iodine, prescribing half a drachm to six ounces of water, and giving a tablespoonful (containing 2½ drops) night and morning. Most affections of the skin and mucous membranes, and changes in other textures consequent on syphilis, yielded to this treatment in from fourteen to forty-eight or fifty days. The pustular form offered most resistance, requiring mild doses of Zittmann's decoction. In severe iritis, also, mercurial frictions were employed, in combination with the use of iodine.

From the various trials made, the conclusions arrived at were that preparations of iodine, with a suitable regimen, will disperse the early manifestations of syphilis, or so abate them that a small number of mercurial frictions complete the cure, which, not being followed by relapse, must be regarded as definitive. An early mercurial treatment will remove the initial symptoms more rapidly than iodine; but the consecutive symptoms quickly yield to iodine. Affections of the mucous membrane and pharynx yield much more rapidly to iodine than to mercury, requiring at most, sometimes, slight cauterization. Syphilis is always found more obstinate in yielding in pregnant women, especially when it is contracted at the time of impregnation; and the consecutive symptoms are usually only completely cured after the uterus has discharged its contents. The iodine has, therefore, always to be continued after delivery, and, in some cases, has to be supplemented by a few frictions. It is remarkable that iodine acne and coryza are of infinitely less frequent occurrence under the use of the tincture of iodine than that of the iodide of potassium.

The Treatment of Non-Parasitic Sycosis.

Dr. Tilbury Fox says, in *The Lancet*, December 27, 1873:—

No disease, I take it, is more unsatisfactory to treat than the common inflammation of the hair follicles of the beard and whiskers, to which the term sycosis non-parasitica is applied. On the continent, especially in Germany, the practitioner is advised to adopt epilation, and to apply some simple astringent ointment; and there is a great disposition now-a-days to regard epilation as *the* remedy for the disease under notice. The reason for epilating is variously stated. Some affirm that the inflammation in sycosis is caused by a premature development of a new hair in the follicle, and that it is necessary to its cure to rid the follicle of the old hair. Others think that suppuration extends to the root of the hair, and that epilation relieves the tension of the parts and permits the exit of the pus. The first explanation will not bear examination. The second is true in part. In non-parasitic sycosis inflammation travels downward, and may reach the bottom of the follicle, the root of the hair being bathed in pus, whilst the hair is loosened from its surrounding connections, and lies, as it were, a dead piece of tissue in the follicle. In such cases epilation does but get rid of the loosened hair, and its extraction allows the escape of pus that would otherwise be pent up. But in many cases the inflammation does not proceed to the extent of causing suppuration in the deep part of the follicle, the hairs are not loosened in the follicles, and their extraction gives great pain, and can do no good. Epilation is, therefore, a fit procedure only at a certain stage of sycosis—if the skin is much inflamed, the follicles freely suppurating, and the hairs are thereby loosening or loosened in them.

The treatment which I have found most successful may be summed up as follows: In the early stage, when the follicles are very hyperæmic, saline aperients in persons of full habit; or aperient tonics, such as sulphate of magnesia with sulphate of iron, in those who are debilitated; together with hot fomentations, and simple, soothing applications which exclude the air, locally. When there is free suppuration, the same internal remedies, together with the removal, by epilation, of the loosened hairs from freely suppurating follicles, and the application of mild astringents, such as zinc lotions and ointment; and, lastly, in the sub-acute or chronic stage, where there is only a suppurating follicle here and there, but mostly a number of indurated tubercles, *i. e.*, follicles thickened by hyperplastic growth of the connective tissue, a course of Donovan's solution, together with, locally, hot fomentation and the application of a weak nitrate-of-mercury ointment (a drachm and a half to an ounce) night and morning. Of course, for persons of scrofulous constitutions, cod-liver oil and iron are to be given in combination with alterative remedies. I fully admit that the exhibition of Donovan's solution is in great part an empirical proceeding; but I prefer it to any other remedy, and have reason to speak with confidence as to its efficacy in sycosis when employed in the way and at the particular stage above indicated. Lastly, I may add that it is an easy matter to do harm in sycosis by the injudicious use of local irritants, which intensify the hyperæmia and the hyperplastic thickening; and I believe this to be the radical fault in the treatment of sycosis.

Reviews and Book Notices.

BOOK NOTICES.

Annuaire de Therapeutique, de Matiere Medicale, de Pharmacie, et D'Hygiene, pour 1874, par A. Bouchardat, Professeur d'hygiene à la Faculté de Medecine de Paris, etc. Paris, Librairie Germer Bailliere. Duodecimo, 304 pp. From John Penington & Son, Phila.

This little volume presents, in a very compact form, a complete resume of the works in therapeutics and hygiene published in 1873, and formulæ of new remedies. There is also appended a quite full treatise on hygiene of the army.

The author has given us all the novelties as well as useful matters on these subjects, which have appeared from time to time in the journals of France and elsewhere. Under the head of new remedies, he treats of *chloral*, of which he says it is incontestable that this new remedy may be useful, but it should be managed with caution, having regard to all the changes of the nervous system; *l'eserine*, the alkaloid of the calabar bean; *propylamin;* and *podophyllin*.

The author also gives certain hygienic precautions to diminish the dangers which accompany and follow lithotrity, and hygienic rules to be followed during the prevalence of epidemic cholera.

To all who read French, we commend this unpretending little volume as a fountain from which they can drink on many occasions, and find themselves refreshed.

Fetid Coryza, by Dr. J. Solis Cohen.

Our thanks are due to Dr. Cohen for this little brochure. He prefers this name to that of *ozæna*. After descanting upon the causes, etc., of this troublesome affection, he gives the treatment, which is, to remove the cause, if a foreign body, etc., and when a constitutional taint exists act accordingly. He treats the whole subject with his usual clearness and acumen. We gladly welcome these monographs from those who have shown themselves masters in their specialties.

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D. G. BRINTON, M.D., Editor.

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The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

PERCENTAGES FROM DRUGGISTS.

Some definite and positive action ought to be taken by the medical societies of this country to discountenance and discourage the custom of receiving percentages from druggists on prescriptions sent them. Such action "is not, and cannot come to good." It is a hardship to the druggist, because such percentages, in the nature of a commission on sales, do not enter into the legitimate estimates of the retail drug business. It is a temptation to the physician to prescribe more frequently than he otherwise would, and thus defraud the patient by forcing him to make unnecessary purchases. It is a base advantage to take of the man of limited means, for he not only has to buy needless medicines, but also to pay more for them than he otherwise would.

We have been told that medical societies will not take any steps in this matter, because, if not the majority, many very influential members practice this discreditable custom, and are bound to sustain it, or at least to shield it. Then let the Legislatures of the States enact laws forbidding it. This has been done in some parts of Europe, and severe penalties are incurred by those who violate these statutes.

The editor of the *Druggists' Circular* has some strong and just language on this subject. He says:—

"Druggists can only blame themselves, or some of their number, for the continuance of the abuse. A physician has a recognized right to recommend to his patients such an apothecary as inspires him with most confidence in treating important cases; but such collusion as you mention between doctor and druggist, for the sake of pecuniary gain, is downright corruption and disgrace, both in an equal degree. Such instances, unfortunately, are not uncommon; we have known physicians with a reputable name and some standing prescribe hundreds of pills of bread-crumb and quarts of syrup of sarsaparilla, where nothing was needed, in order to increase the amount of blackmail due them, at the expense of the patient."

This is villainous, and every physician who has any natural sense of rectitude will confess it.

We speak of what we know, when we say that this practice is very common in this city. It has been severely commented upon in the public papers; and yet it is both supported and continued by leading members of the profession.

A yet meaner device, very common here too, is to write for some preparation under a non-officinal, or, indeed, a merely fancy name, known only to the one druggist who pays the doctor a percentage, so that the patient, will he, nill he, must procure it where the doctor tells him.

A correspondent writes to the journal we have just quoted in these terms:—

"Is it professional to endeavor in this way to force my customers to have their prescriptions prepared by a person whom they mistrust? Is there no way to stop such quackery? I have no intention of buying any physician by giving him a percentage on his prescriptions; and I think it is unworthy of any druggist who has the least spark of self-respect to indulge in so disgraceful a practice."

A gentleman stepped into our office the other day, and asked what "tonic tincture" was. We confessed to our inability to give a specific reply to so generic a question. He then quoted a prescription given by one of the best known medical men of this city, in which this was one of the principal ingredients, who told him where to obtain it. There is no excuse for this avaricious and unfair procedure. It is nothing more nor less than quackery, as bad as that which the charlatans practice who recommend "Diotis" and "Aspelis," and add that they alone have the genuine articles of these rare and potent drugs!

Notes and Comments.

The Communicablity of Consumption.

One of the best tests of this would be in the marital relation. At the Clinical Society of London, Dr. Weber stated that he had the history of the results of twenty-nine marriages between women with more or less marked signs of consumption, who married healthy men, and of fifty-one marriages of tainted men who married healthy women. While only one of the husbands of the twenty-nine diseased wives became consumptive, eighteen of the fifty-one healthy women married to diseased husbands died from consumption. The eighteen women were the wives of nine husbands, one of whom lost four wives, one three, four two, and three one each. Dr. H. Weber gave an abstract of the histories of these nine husbands and eighteen wives, and then discussed the following points: 1 The communicability of consumption from husband to wife he did not regard as established, but as rendered probable; he could scarcely consider the results of his experience as merely accidental, although the risk of communication was probably not quite so great as it would appear from his cases. 2. The means of communication between husband and wife seemed to exist only rarely in the inhalation of the breath, though he did not regard this as impossible, but more frequently in the seminal fluid, either by direct absorption of the latter, or indirectly through the fœtus. 3. The suggestion made to him, that possibly the infecting husbands were tainted with syphilis, was not supported by the examination of the facts, either those relating to the husbands or those relating to the wives, including the *post-mortem* appearances. 4. The rapid course of the disease in the wives manifested more or less the character of galloping consumption, while the affections of the originally diseased husbands were in all cases chronic and quiescent, but well marked, and leading in all cases but one to a fatal termination, though long after the deaths of the wives.

New Proof of the Metallic Character of Hydrogen.

The Journal of the Franklin Institute says, MM. Troost and Hautefeuille have lately completed an important research relative to the compounds formed by hydrogen with certain metals, particularly potassium and sodium. They find that hydrogen unites definitely with both of these metals, forming compounds containing two atoms of the metal to one of hydrogen. Heated to 200° with hydrogen, potassium unites with it, producing a compound which is decomposed again at 900°. Sodium also unites with hydrogen at 200°, but the resulting compound is completely decomposed at 400°. Both these hydrides present all the characters of amalgams; they have a metallic lustre, and show the general

physical appearance of a metal. This fact furnishes an additional proof of the metallic character of hydrogen, these compounds being quite analogous to the palladium hydrides discovered by Graham. Potassium and sodium hydrides are true alloys, so far, at least, as their physical properties are concerned.

Cosmetic Surgery.

A few weeks ago we made a note on the value of benzine in removing pimples, comedones, etc. Ether may also be used for the same purpose. The pimples should be washed several times, till the sebum is dissolved, and subsequently a solution of alum employed as a toilet lotion.

The Druggist says, "For the benefit of young persons afflicted with freckles, it may be stated that powdered nitre, moistened with water, applied to the face night and morning, will soon remove all traces of them."

Dr. James Nicholls writes to the *Lancet*, strongly recommending the use of carbolic acid in removing nævi, moles, and other congenital discolorations of skin. He has tried it in several aggravated cases with most successful results.

For boils, Dr. Hall, in the Cincinnati *Lancet and Observer*, recommends the following:—

"℞. Tr. arnica flowers,	ʒj	
Tannic acid,	ʒss	
Gum acacia pulv.,	ʒss.	M.

It should be used as soon as prepared. The inflamed surface, and a little beyond all round, should be painted with the medicine every fifteen minutes, or as fast as it dries, till a good thick coating covers the part.

Physiological Therapeutics.

In a lecture at King's College Hospital, London, Dr. J. B. Yeo remarked, "Much valuable labor has recently been expended in the investigation of the physiological action of drugs by means of experiments on the lower animals, and much that is helpful and suggestive in our clinical work has been derived therefrom; but there has been growing up a tendency, which seems to me to need reproof, to regard such a mode of investigation as the only one which should be called 'scientific;' so that, while no 'scientific' reputation is awarded to the most patient and astute interrogation and observation of clinical facts, a process which may call forth all the highest qualities of the mind, a limited number of experiments on the lower animals is sufficient to procure a reputation as an original investigator. By this means, it is true, we may obtain much valuable information as to the physiological action of drugs; but the test of cautious clinical observation is in all cases the essential and corrective complement, as well as the final appeal from all such physiological investigations.

"We come, then, to this conclusion, that, although physiological investigation may be a most useful auxiliary, yet the only sound basis of therapeutic research is clinical observation. The clinical physician must not undervalue the work of the physiologist; the physiologist, when he works at therapeutics, must not think himself independent of the clinical physician. The future progress of therapeutics depends upon the union and co-ordination of the two methods."

This is sound sense.

The Germination of Seeds.

According to A. Vogel, camphor has a marked effect in stimulating the germination of seeds, both by shortening the period of germination and causing more seeds to sprout. Turpentine has a similar action.

Correspondence.

Buttermilk in Chronic Ulcers.

Ed. Med. and Surg. Reporter:—

One case alone, cured by any remedy whatever, proves little or nothing, but a case is sometimes worth reporting on its own merits, and from some point of interest in it, or its treatment, which is out of the ordinary way of management, and especially is this so if the means used are very simple.

The following case was one in which the ulcers had followed a long serious illness in a nervo-lymphatic woman, whose health had been materially broken down by frequent parturitions and various attacks of severe fevers or neuralgia, and was thin, anemic, and weak.

Mrs. M., æt. forty-one years, mother of nine children, last one born December 3d, 1873, after which birth she was the subject of mammary inflammation, metritis, and neuralgia, the latter extremely severe and obstinate. In January, 1874, from some cause not easily explained, she was the subject of numerous small furunculous abscesses on the body and extremities. Those on the body healed slowly, but without other trouble than ordinary dressing. But two on the arms and six on the legs became open discharging ulcers with little tendency to heal; in fact there did not seem to be vitality enough in

her tissues to produce healthy granulations. The purulent discharge was profuse and unhealthy. She was plied with all manner of general tonics and local applications, without other benefit than giving her general strength, the ulcers not only not healing, but actually growing larger and becoming more painful, thus greatly interfering with her sleep and causing great pain on walking about the house, for she was yet unable to leave her room at the last of May.

I now ordered the ulcers on the arms and legs to be kept bathed in buttermilk (fresh) all the time, and all other local treatment except simple cleanliness to be stopped, the general treatment being continued. In two days afterwards the surface for some distance around the ulcers became red and broken out with numerous small pimples, but the ulcers were healing. In two weeks the ulcers were entirely healed, and nothing left of them but dark red spots marking their former situations. Size of ulcers from a ten to fifty cent silver coin.

T. Curtis Smith, M. D.

Middleport, O.

Easily Administered Medicine.

Ed. Med. and Surg. Reporter:—

As it is always a somewhat difficult matter to administer medicine to children, I deem a recipe of easy administration to children of some importance. The following I have been in the habit of prescribing for worms:—

℞. Calomel grs. iij.
Saccharum alb grs. vj.
Santonine q. s. to suit age of patient. M.

Triturate into a very fine powder. Fiat chart, six divide.

Sig. One powder to be taken dry on the tongue, morning and evening, until the desired effect is produced. I can often get the little patient to lick the powder off the paper with the tongue, and it dissolves in the mouth without any liquid save the saliva. After the first dose the little patient makes no resistance in taking the rest. Respectfully yours,

A. S. Harshberger, M. D.

Milroy, July 25th, 1874.

Gossypium in Dysmenorrhœa.

Ed. Med. and Surg. Reporter:—

I wish you to make a change in the prescription I sent for dysmenorrhœa. It should be thus:—

℞. Fld. ext. gossypium herb, ℥j
Fld. ext. ergot,
Tr. hellebore nig., āā ℥j.

Fiat mistura. This makes a four-ounce mixture. Sig.—Teaspoonful every three hours. Please insert this, as it makes a great difference.

Lot Alexander, M. D.

Pittsburgh, August 1st, 1874.

News and Miscellany.

To Correspondents.

T. D. C. The paper on Medical Credulity is too large for our columns. It is a sad comment upon the fearful ignorance of those holding the great title of M. D.

F. K. B. Thanks for your papers. They will appear in due time. A part of us is in Europe, hence you do not get a personal reply. Editing is very easy afar off.

S. E. S. Your paper on electro-therapeutics is not exactly suited to our columns.

C. G. P. Papers in hand.

J. S. B. Pleurisy received; also uterine tenaculum. A flood of matters has prevented an earlier notice.

American Medical Association.

The Committee of Publication having received discretionary power to dispose of surplus volumes, offer the following:—

Vol.	5, for 1852.	Vol.	14, for 1863.
"	8, " 1855.	"	15, " 1864.
"	9, " 1856.	"	16, " 1865.
"	10, " 1857.	"	17, " 1866.
"	11, " 1858.	"	22, " 1871.
"	12, " 1859.	"	23, " 1872.
"	13, " 1860.		

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Permanent Secretary, 1400 *Pine St., Phila.*

Centennial of Chemistry.

A number of the most prominent chemists from all sections of this country and Europe made arrangements for a convention at Northumberland, Pa., commencing July 31st, to celebrate the Centennial of chemistry, the discovery of oxygen by Priestley, whence has come much of value to that science.

Dr. Joseph Priestley, a grandson of the great chemist, still resides at Northumberland, and is an active member of the State Medical Society of Pennsylvania. We believe he is chairman of the Committee of Arrangements for this occasion. We hope in our next to give a brief resume of the doings of these gentlemen.

The Silber Light.

Mr. Silber has been so successful in London with his experiments in light, that he is now able to give a superior light from a smaller quantity of gas, and also prevent the great deterioration of the atmosphere of the rooms thus lighted. His plan is to regulate the amount and direction of air in lamps by certain contrivances. We hope he will soon give the people on this side an opportunity of inspecting his apparatus, and of being benefited thereby.

—The Northwestern *Medical and Surgical Journal* has disappeared.

Cholera Infantum.

This fell destroyer of the innocents is weekly carrying off our little ones by the tens, even hundreds, in our large cities. Hence, everything on the subject is valuable. Dr. John O'Reilly, of Louisville, in the *American Practitioner*, claims great benefit from the use of electricity. He uses the instrument of Gaiffe, of Paris. This is very portable. He applies the positive pole to the upper part of the sympathetic and pneumogastric nerves in the auriculo-maxillary fossa, and then Duchenne's wire-brush or negative pole to the region of the stomach, liver, and small intestines, until the skin is quite red. The operation occupies five minutes, and the effect is instantaneous and satisfactory. Vomiting is usually arrested by one application, and very little more medication is needed.

[The remedy is worth a trial. This reminds us of the plan suggested to us some years ago by a brother practitioner, of rubbing the spine and hypogastric region with a powerful liniment of turpentine and ammonia, producing a positive rubefacient effect, and, generally, with rapidly good results.—Ed.]

Purifying Water.

It is not generally known that pounded alum possesses the property of purifying water. A tablespoonful of pulverized alum sprinkled into a hogshead of water (the water stirred at the time) will, after the lapse of a few hours, by precipitating to the bottom the impure particles, so purify it that it will be found to possess all the freshness and clearness of the finest spring water. A pailfull containing four gallons may be purified by a single teaspoonful.

Personal.

—Dr. J. Bell Pettigrew, F. R. S., Edinburgh, whose book on the Circulation we noticed last issue, has obtained one of the three prizes annually offered by the French Academy of Sciences, Paris, for physiological investigations.

—Dr. J. J. Caldwell has removed to 71 N. Charles street, Baltimore.

—Dr. O. H. Allis has removed to 1338 Spruce street, Philadelphia.

Items.

—The Canadian Medical Association holds its annual meeting this week, we believe. Cannot some of our brethren send us some account of the meeting?

—The Medical Register of New York, New Jersey, and Connecticut, for 1874-'75, has just appeared. Edited by Dr. A. E. M. Purdy. As usual it is filled with much practical information, and we believe the hope of the editor, that it will prove of greater service to its patrons than any of its predecessors, will be realized. We regret that the editor did not insert the great and important changes adopted in the Plan of Organization of the American Medical Asssociation, at its recent session.

—Dr. Gaillard, though presenting to us a weekly journal, does not discontinue his excellent monthly.

—How soon shall we have the new edition of the registries of Boston, Chicago, and Philadelphia?

—Dr. James Sawyer, in the *British Medical Journal*, suggests gelseminum for toothache. He gives fifteen minims of the tincture every six hours, in an ounce of dill-water; generally, the third or fourth dose was successful.

(We think chloral to the cavity, and if necessary internally, would relieve quicker. Think of six hours of toothache waiting for the second dose! Ed.)

—Dr. S. C. Busey, 1517 Pennsylvania avenue, Washington, D. C., desires information with the view of collecting facts in regard to the "Relation of Menstruation During Lactation to Rickets," having agreed to submit a paper on this subject to the obstetrical section of the A. M. A., at its next meeting, to be held at Louisville, Ky. He will send a tabulated form to all who are willing to aid him.

QUERIES AND REPLIES.

An Aspirator costs from $16 to $20.

MARRIAGES.

Averdick—Ertel.—By Rev. J. R. Gabrial, assisted by the Revs. J. and Joseph Fleischman, of Brookville, Indiana, Dr. J. A. Averdick and Miss Clara J. Ertel, of Haymond, Indiana.

Cowell—McCulloch.—By Rev. T. D. Ewing, in Kittanning, Pa., June 24th, Mr. Winfield S. Cowell, of Mahoning, Pa., and Miss Ella, eldest daughter of Dr. T. C. McCulloch, of Kittanning, Pa.

Johnson—Goodwin.—In Chicago, June 23d, Fred Johnson, of Springfield, Vt., and Josie Goodwin, daughter of W. M. Goodwin, M. D., of Urbana, Ill.

Smith—Reynolds.—At Tyrone, Pa., on July 16th, by the Rev. S. M. Moore, J. M. Smith, M. D., and Rosabel Reynolds, daughter of George Reynolds.

Woodbury—Brydges.—On the 26th ult, at the Beth Eden Baptist Church, Philadelphia, by Rev. J. Wheaton Smith, D. D., Frank Woodbury, M. D., of Philadelphia, and Louie R. Brydges, only daughter of the late C. B. Brydges, Esq., of Louisiana.

DEATHS.

Jennings.—At Narragansett Pier, R. I., on the 7th inst., of inflammation of the brain, Dr. Thomas Read Jennings, only surviving child of the late Rev. Obadiah Jennings, D. D., and formerly Professor of Anatomy in the Medical College of Nashville, Tennessee, aged sixty-seven years.

Matlack.—In this city, on the 1st inst., Dr. Charles F. Matlack, in the 76th year of his age.

Plumer.—May 6th, 1874, in Trivoli, Peoria Co., Ill., Mrs. Temperance L., wife of Thomas R. Plumer, M. D., and daughter of Jacob and Mary Swickard, of Jefferson Co., Ohio.

Spencer.—On the 26th ult., at Santa Barbara, Cal., Dr. John E. Spencer, formerly of Moorestown, N. J.

Stewart.—At his late residence, in Armagh, Indiana County, Pa., May 27th, 1874, Dr. Wallace B. Stewart, in the 56th year of his age.

Wright.—On the 18th ult., Harvey Edwin, son of Dr. Albert and Kate B. Wright, aged 3 months and 3 weeks.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

A CASE OF HOUR-GLASS CONTRACTION OF THE UTERUS BEFORE DELIVERY.

BY DR. G. M. NOBLE,
Of Wallingford, Vt.

Mrs. J. M. was taken in labor Sunday noon, June 7th. I saw her on Monday, about 2 o'clock, A. M. The pains had not been frequent nor of long duration; the os uteri was high up; I could not reach it so as to feel the centre of it; but it appeared as if dilatation had begun. At the next examination I could reach it. The os uteri then, when contracted, would only admit the end of my finger. The pain did not seem to produce any pressure on the os uteri. About noon it had dilated so that the diameter across would be about three inches. I could feel the head resting on the symphysis pubis, and the membrane filled with water. About an hour after the membrane burst, a little water escaped, but the head did not descend into the pelvis, as heads generally do after the water escapes. About four o'clock the head had descended so low that I thought I could apply the forceps. The presentation was unfavorable, the face looking forward. I thought instrumental aid necessary, and I applied the forceps. I could move the head, but all the force I dared to use could not deliver it. Thinking that the head was too large to be delivered entire (which was undoubtedly the case) I opened the head, removed the brain, and tried the crochet, but was as unsuccessful as with the forceps. I then pushed back the head and introduced my hand to see if there was any deformity that prevented the delivery. I passed my hand around the head, but could pass it no further, for the uterus was contracted around the neck of the child, as it does around the umbilical cord in an hour-glass contraction. I tried to pass my finger between the neck and this contracted uterus, but did not succeed. I withdrew my hand, but, feeling sure that this was an hour-glass contraction, I introduced it again to try to relax the stricture, but failed again. I then placed my fingers under the chin, and succeeded in bringing it down, so that I could get hold of the bones of the cranium with the thumb and fingers of my other hand, and in this way I delivered the head.

I waited a little to let the patient rest. The pains coming on again I took hold of the child, and by using a great deal of force it was delivered. Fearing the hour-glass contraction, I introduced my fingers far enough to pierce the placenta, and brought a part of it through the os uteri, and then waited for the contraction of the uterus to expel it, which it did soon.

The child was much the largest that I ever saw. The attendants thought it as large as children generally are at eighteen months old. The coffin measured nine inches across, where the shoulders were placed, and those who saw it in the coffin said it filled it. I went the next day to the house, intending to measure and weigh the child, but they had buried it.

If I had brought the lower part of the os frontis under the symphysis pubis with the crochet, I should probably have delivered the child, and never have known anything about the hour-glass contraction. I think now that I have seen a similar case, but the child being

smaller was delivered without introducing the hand. The most remarkable feature in this case, was the ineffectual nature of the pains. The strongest pains did not seem to move the head. After the water escaped, the head did descend, but the descent might have been caused by its weight; for I placed my fingers in such a position that I could detect any movement of the head, and could not perceive that the strongest pains moved it. This hour-glass contraction must prevent an expulsory effort. It made the action of the uterus like that of a closed sac contracting down upon its contents. After the head was delivered, I think the stricture became relaxed, for the pains appeared to assist me in the delivery. If it had not been so, I think the body could not have been delivered without dissection.

COMPOUND FRACTURE OF THE FEMUR.

BY J. A. DIBRELL, M. D.,
Of Little Rock, Ark.

Col. D. O'S., æt. 37, Irish, tall, well developed, naturally florid complexion, a free liver, varicose condition veins right leg, was one of the victims of the recent internecine strife which took place in this city.

During the skirmish and stampede occurring on the afternoon of 21st April last, he received two gun-shot wounds, caused by the discharge, at short range, of a double barrel shot gun, loaded with large size buck shot. One of the shot penetrated the right thigh on its outer aspect, and fractured the femur at the junction of the middle and lower thirds. A second shot entered the left leg on its inner aspect, two and one quarter inches below the knee-joint, crushing the tibia to the extent of two and one half inches below the point of entrance, and fracturing the fibula beyond. The crest of the tibia at the lower extremity of the fracture cut a small opening at that point, through the integument.

The patient was carried from the street where he was wounded to a temporary place of safety, where I found him, a few minutes after the occurrence, lying on the floor, with the injuries as above described, quietly smoking a cigar, and with no appreciable collapse.

Persistent efforts were made at this time to find and extract the balls, but to no purpose. In each instance when the probe was introduced into the wound in the leg, its progress was interrupted by fragments of bone, nor could the ball in the thigh be localized, though repeated trials were made by different surgeons, with both the ordinary and Nelaton probe.

A temporary dressing was then applied to both wounds and the patient allowed thus to remain until the next day, when he was removed to the residence of a friend, in order that his wants might be properly cared for.

A consultation was then had, being participated in, by the following medical gentlemen, viz: Drs. Dungan, Watkins, Murphy, Smith, Southall, Hooper, Pendleton and Dibrell. By them it was decided that little was to be gained by amputation, and that the patient's chance of life would be greater without an operation of that character. It was thought that no good result could follow the amputation of a single limb, and that a dual amputation would most certainly be followed by death. But little hope was entertained, either of saving the patient's life or limb, with or without an operative procedure.

A roller bandage was then applied to the right leg and thigh, and placed upon a double inclined plane. Boyer's apparatus applied to the left leg, and cold water freely used upon both wounds. These dressings were continued for a period of seven days, when it was found to be altogether inapplicable, owing to the fact that the sufferer could in no way change the position of his body without disturbing the fractured limbs. And again, it was found almost impossible to use the bed pan. A fracture-bed could not be had. Smith's anterior splint was now placed upon the thigh, and another splint quite similar in appearance, such as is described by Dr. Packard, in the April number, 1874, *American Journal of Medical Science*, was applied to the leg. Two upright pieces of wood, five feet high, were secured to the sides of the bed, and a similar piece placed horizontally, extending from the top of one upright piece to the other. To this, by means of pulleys attached, both limbs were suspended. This arrangement was found to answer the purpose in every particular, allowing considerable movement of the body without pain, or risk of displacing the fractured bones.

It was not deemed necessary to alter these appliances in any respect during the entire progress of the case, which from this time forward was more favorable than the most sanguine could have expected. From the second day a

weak solution of carbolic acid was kept constantly to the wounds, until the active inflammatory symptoms had disappeared and suppuration fully set in, when carbolic acid cerate, spread on cloths, was substituted for the carbolic solution.

At the end of the fourth week the fibula had united. Union occurred in the femur between the fifth and sixth weeks. The fragments in the tibia were rather slow in uniting, union being delayed until near the eleventh week.

The patient, from the first, was placed upon a generous diet, in conjunction with stimulants. Quinia. sulph. and tr. fer. chloridi was administered three times a day for a period of ten days, beginning two weeks after the injuries were received. But beyond an occasional anodyne, no other therapeutical measures were resorted to.

The wounds healed in the leg during the sixth week, and in the thigh during the ninth week. The varicose condition of the veins referred to above has entirely disappeared.

The patient is now, thirteen weeks since wounded, able to walk about town, with the aid of his crutches. Between one-eighth and one-quarter of an inch shortening exists in the right femur, but firm bony union has taken place in all the bones, and the patient will doubtless, in a few months, be able to walk almost as well as ever.

To Dr. D. H. Dungan, of this city, I am indebted for many valuable suggestions, during the entire continuance of the case.

The above case is reported as an example of conservative surgery, and as illustrating the power of nature in certain cases to heal, grave prognostications of the doctors to the contrary notwithstanding.

ON ADHERENT PLACENTA AS ASSOCIATED WITH RHEUMATIC DIATHESIS.

BY BEDFORD BROWN, M. D.,
Of Alexandria, Va.

With the hope of contributing something to the pathology of adherent placenta, the causes of which are surrounded with so much obscurity, the history of five cases of this affection is given to the profession. Three of these five cases occurred in one married woman, already the mother of two children, in three successive pregnancies. Two cases occurred in primiparæ. All were persons in the middle or lower walks of life, and consequently not only accustomed to constant labor, but also frequent exposure to wet and cold. Indeed, in an experience of more than twenty years, all the cases, six in number, occurring in the practice of the writer, were in individuals of the lower classes.

Five of these cases occurred in persons who were decidedly the subjects of rheumatic diathesis, and who had acute rheumatism, either just preceding or during the state of pregnancy.

Case 1. A colored woman, aged about twenty-two years, during the early months of her first pregnancy was much exposed, in consequence of which she contracted a sub-acute rheumatism, which continued until delivery, when it was found that the placenta was extensively adherent to the front wall of the uterus. The adhe sions were so strong and tenacious as to necessi tate the breaking down of the placenta, and removing it in detached portions. The uterine wall at the seat of attachment was thickened and indurated, and was covered with a thick exudative material which adhered strongly to the uterine surface.

During the entire pregnancy this woman had suffered from abdominal pain and tenderness, which were attributed to rheumatic affection of the abdominal muscles. Soon after confinement, acute rheumatism was developed, which continued for five weeks.

Case 2. A married woman with first child, aged twenty-six years. Had just previous to pregnancy recovered from a protracted attack of sub-acute rheumatism, which had left some of the joints enlarged and stiffened, and which were still somewhat painful. After delivery, the placenta was found to be entirely adhered, but not so firm as to prevent its being pulled off en masse. The tissue of this body was densely filled with myriads of minute deposits of calcareous formation, which added greatly to its weight, and to the difficulties of removing it. Notwithstanding the peculiar organization of the placenta, the child was unusually large and vigorous, showing that its nutrition and development had not been retarded.

Cases 3, 4, 5. A woman aged about 33 years, the mother of two children, had, up to twelve months preceding her third pregnancy, enjoyed uninterrupted, and even vigorous health. At about that time, from imprudent exposure, she contracted an attack of acute rheumatism, which confined her to the house for many months, and produced complete anchylosis of one knee joint.

During this illness she became pregnant with her third child. Throughout the entire pregnancy she continued to suffer more or less from the rheumatic affection. After delivery the placenta was found to be firmly and extensively adherent to the right side of the uterus. The adhesions were so firm that it became necessary to break down the placenta and remove it in small portions. The uterine wall, at the point of attachment, was indurated, and thicker than natural, and as in the first case, was covered with a thick exudation, which could not be removed without doing violence to the uterus.

In two years after, in 1872, this female became pregnant again, and was delivered of a living child, the fourth. In this case the placenta was again adherent, and had to be removed by manipulation. The locality of the attachment was about the same, if not the identical point of the former. The uterine tissue at this point was again found to be thick and indurated, and coated over with a dense substance almost cartilaginous in character. During this pregnancy the rheumatic affection, though better at intervals, had never entirely disappeared.

In the autumn of 1873 this woman became pregnant again, and in the spring of 1874 was delivered of a large, healthy child. The placenta was found to be adherent a third time. The entire mass was firmly and most tenaciously adherent in the neighborhood of the old locality. Nothing but absolute destruction of the entire afterbirth enabled me to remove it, and then only in small pieces. After every particle had been removed, there still adhered to the uterine wall a thick coating of exudative material, to which were attached numerous small shreds, which could not be removed. Near the seat of this attachment a very thick indurated point in the uterine substance could be detected by the hand in the operation of exploration, raised considerably above the surface, which was evidently the seat of one of the former adhesions. To the touch, this hard, rugged portion, projecting from the uterine surface, presented a most marked difference from the soft mucous membrane surrounding it. It is proper to state the fact here, that in all of these pregnancies the patient suffered from pain and uneasiness in the uterine region in unusual degree, so that in the two last she confidently predicted the actual state of things which were revealed after delivery.

The facts in connection with these cases present features of interest bearing on two questions; one, whether the uterine tissues are really subject to rheumatic disease in its acute form, or not; the other, whether, if this be true, the uterus is, during pregnancy, in a constitution suffering from rheumatic diathesis, liable to take on this species of inflammation and cause morbid adhesion of the placenta.

The female who had three successive cases of adhesion had no symptoms of this whatever in her pregnancies previous to the original invasion of rheumatism. In but one of these cases, the second, was there perceptible morbid alteration in the structure of the placenta itself. On the contrary, the evidences of morbid change appeared to be confined to the uterine tissue, in four out of the five cases.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY, June 10th.

DR. HERMAN KNAPP, PRESIDENT.

Cæco-Typhlitis.

Dr. Henry B. Sands recited the history of a case of pericæcal abscess, in which the diagnosis rested for a time between impaction of fæces, internal hernia, intussusception and cæco-typhlitis. The history of the case was to the effect that a tumor developed in the right iliac region, and with it there was constipation, which was relieved, however, by a cathartic. During the week, symptoms of a low grade of peritonitis appeared. Tympanitis increased from the onset, till the fourth day, then subsided. The temperature ranged from 101° to 102° Far., and the pulse did not exceed 100. At the end of a week the symptoms of peritonitis improved, but the iliac tumor remained without change. On the twelfth day had a chill; the temperature increased to 101°, and on the next day had another chill, the temperature rising to 102°. At this time, when the tumor was examined it was found to have softened and increased considerably in size, rising up towards the thorax. It was now considered advisable to have recourse to operation to evacuate the pus. The operation was that pursued by Dr. Willard Parker. Six ounces of pus followed the incision, and, on exploring the wound by the finger, two hard masses were removed, apparently of a fecal nature. In washing the wound out afterwards eight or nine bodies of the same kind came away. The operation relieved the patient completely. Dr. Sands says that he can call to mind two cases similar to the present, where resolution took place after the first week. Dr. Janeway said that the great danger in cases like the present, where a large abscess burrows

in the iliac fossa, is thrombosis of the iliac veins and secondary abscess of the liver.

Removal of Epithelioma, and Treatment by Plastic Operation.

Dr. Knapp called Dr. Mason to the chair, and presented a woman who previously had appeared before the society. She had had what was supposed to be a rodent ulcer of the inner canthus of the eye, but which turned out to be epithelioma. There was also a tumor on the forehead, and on examination by the microscope it gave evidences of alveolar cancer. The epithelioma was first excised, then a flap from the forehead dissected off and turned down into the site of the epithelioma. The operation was markedly successful, relieving, to a great extent, the previous deformity The age of the patient was twenty-nine years, a very early age for malignant disease to show itself.

Gummy Tumor of Dura Mater, with Pacchy-Meningitis.

Dr. A. L. Loomis presented a case of special interest to those interested in brain lesions from a specific cause. At first appearance it seemed to be pacchy-meningitis, but, on examining it more closely, it turned out to be a gummy tumor, situated beneath the meninges of the brain. The history of the case was as follows: The patient was a German, aged forty-two, and entered Bellevue Hospital in a semi-comatose state on June 3d. He had a primary sore about two years previously, followed by secondary symptoms. Was able to work until eighteen months ago, when he was seized with an attack of partial hemiplegia. After three months' confinement to his room, improved, but in another month convulsions came on. These were not of an epileptiform character. Three days before being admitted to hospital, had five convulsions, but after them was not wholly unconscious. There was no facial paralysis. On admission the pulse was 50; temperature 97½; passed water and fæces; had pain in the right side of the head; in twenty-four hours after the coma deepened and became profound, and at the end of the third day patient died. There was no paralysis. On the day of the patient's death the temperature rose to 104, and the pulse to 150. The treatment consisted in giving ʒiij of pot. iod. in twenty-four hours.

Autopsy.—The dura mater of the right hemisphere was thickened over an area of two inches. Underneath this there was a gummy tumor attached to the pia mater. The inner table of the skull over this tumor was slightly hollowed out. In left corpus striatum was found a cyst, showing the existence of old extravasation. In answer to Dr. Knapp. Dr. Loomis said there was no disorder of vision, but he was sorry that he was unable to get an ophthalmoscopic examination.

(Since Dr. Loomis presented the foregoing case, another one nearly similar entered Bellevue Hospital; the characteristic feature of this latter case was a muscular twitching on the left side; the tumor was on the right, and sometimes a general convulsion, always beginning on the left side. A history of syphilis was obtained, and the correct diagnosis made out before death. At the autopsy no tumor could be made out on the scalp, but when the scalp was removed, a distinct projection was detected over the growth. As in the previous case, the gummy tumor was situated beneath the dura mater.)

Operation for Deformity of the Toes.

Dr. Post exhibited a plaster cast of the foot, showing deformity of the toes, for which he had operated The deformity was the result of a subluxation, and to remedy this, Dr. Post carried an incision down and through the tissues over the distal extremity of the phalanx, dividing the tendon, then excised the deformed end of the phalanx. The wound healed by first intention.

Dr. Post brought to the notice of the Society the death of Dr. Sprague, of Fordham, N. Y. The day before his death he was quite well. The first signs of sickness he noticed was when on a visit to an institution. He was first seized with nausea and vomiting, which gradually deepened into coma and death. The post-mortem showed signs of hyperæmia of both kidneys, the right one being apoplectic.

Dr. Loomis was of opinion that the case presented the appearance of a congestive chill, particularly as Dr. Sprague had suffered from malaria not very long ago.

Rupture of Liver, Pleurisy, and Embolism of Middle Cerebral Artery.

Dr. E. G. Janeway presented a case of laceration of the liver. The patient was a boy who fell from a height of thirty feet, and hit on his side. After a period of about a week he developed pleurisy. The day before his death he became speechless.

Autopsy.—The middle cerebral artery was plugged with an embolus for nearly an inch, near the island of Riel. The island of Riel itself was softened, as well as a portion of the corpus striatum. There was no disease of the cardiac valves, but on examining the heart closely a soft mass of vegetation was found on the ventricular surface.

The liver showed where it had been lacerated, and in the hepatic vein was discovered a thrombus, which extended into the rena cava.

AMERICAN OTOLOGICAL SOCIETY.

The seventh annual meeting was held at Newport, R. I., July 15th, 1874, Vice-president, Dr. Blake, presiding.

Drs. Ezra Dyer, of Pittsburgh, Pa., and S. C. Merrill, of Albany, N. Y., were elected members.

Valuable papers were read on a variety of subjects relating to the ear, after which the following officers were elected: President, Dr. D. B. St. John Roosa, New York; Vice-president, Dr. C. J. Blake, Boston; Secretary, Dr J. Orne Green, Boston.

The death of Dr. J. W. Lawton, of Syracuse, N. Y., was announced, and Dr. Rider gave a brief history of his life.

Editorial Department.

Periscope.

A Fertile Source of Venereal Contagion.

At a meeting of the Medical Society of London, reported in the *Medical Press and Circular*, February 25th, 1874, Mr. Morgan, of Dublin, pointed out that the great source of the propagation of the milder forms of the venereal disease was the inoculation by contact of the vaginal discharge (muco-purulent or purulent, as the case might be) of women when suffering from a syphilitic taint. He had been forced to this opinion from the result of a large number of testings he had made. These were performed by means of inoculation as practiced by Ricord, and the virus was taken, not from the sores, but from the vaginal discharge of patients in whom no sore was discernible, and who had been weeks, and even months, confined to the hospital, where the possibility of recent infection with soft sores was impossible. The patients had all been over and over again examined with the speculum. It might be said by some that only those patients who were already syphilitic were tested, and this was the case, for it was clearly inadmissible to inoculate a healthy person, and it showed that the result of the inoculation of the vaginal discharge was, as a rule, much more active and more intense than inoculation with matter taken from the primary sore or its resulting pustule, and he inclined to the opinion that the frequent occurrence of the soft sore in the male is explicable by its being a derivative of syphilis proper, or a modification by descent, and one which leaves the system in very many cases unscathed. He believed in the unicity of syphilis, but that it was capable of modification by descent, and that the non-infecting sore so frequently followed a definite course as practically, in the male, to constitute a distinct disease and require a different treatment. In the Dublin Lock Hospital, on the female side, less than ten per cent. of the sores are indurated, yet fully ninety-five per cent. of the patients suffer from constitutional signs. He had recorded accurately ninety-one cases of primary disease, as the patients entered the hospital. He auto-inoculated ten, all had constitutional signs; four, auto-inoculated and had bubo, all had signs; three, auto-inoculated, had none before leaving; the remainder were not auto-inoculated, and five only out of the ninety-one had induration. In reply to inquiries made by the author, the surgeon of the Curragh Lock Hospital stated that, "any and every form of primary sore, whether with or without induration, may be succeeded by constitutional signs; induration in the female is exceptional." The surgeon of the Cork Lock Hospital for females stated, "I have not met with more than two or three sores which could be considered in any way indurated, in fact they all had the character of the soft sore." Attention was next drawn to the activity of the vaginal discharge, or the muco-purulent secretion of *syphilitic* females, in producing the inoculation pustules. In the patients from whom this discharge was taken, sores were carefully sought for by the speculum, and as some of the patients had been under strict hospital *régime* for two or three months before the inoculation test was put in practice, the existence of an internal sore must have been all but impossible. The comparative disappearance of the hard or infecting sore in protected districts was also explicable, if it was remembered that the result of the inoculation of the vaginal discharge of syphilitics on syphilitics was the production of a sore which conducts itself as the chancroid, with its comparative constitutional non-infection, and we may fairly conclude that if communicated to a non-syphilitic male it should result similarly, and though derived from a syphilitic stock, is so modified by descent as usually to expend itself locally. Mr. Morgan said he had frequently tried the secretion from mucous patches, and, as a rule, failed, though he had succeeded in the young, and produced a sore of the same chancroidal aspect. He had not tried the pus of an ordinary abscess or other source, as, though he would not have any hesitation in using the specific pus of syphilis or of gonorrhœa, he would shrink from using that from ordinary sources, fearing what must be admitted to be the mystic dangers of pyæmia. The writer had inoculated gonorrhœal matter in six cases, and failed to produce a pustule in each case, and therefore he drew the inference that it was not any condition within, but clearly outside the patient, which led to the formation of the specific pustule and sore capable of reproduction in its kind.

The Reduction of Hernias.

Mr. Edward Warren, Surgeon General of the army of the Khedive, Egypt, writes to the *Lancet*, after quoting some cases;—

The generalizations deducible from this and kindred cases, the practical facts which are thus illustrated, are as follows; 1st. A very large majority of hernial tumors, especially of the inguinal variety, can be reduced by manipulation, and do not demand the operation of herniotomy. 2d. Manipulation should be practiced deliberately and thoroughly, giving time enough to the work to determine the question of its feasibility, and, while fearlessly resorting, if necessary, to more than *gentle* pressure, cautiously avoiding the opposite extreme of *roughness* and *violence*. 3d. As a

general rule, the knife should be the last resource of the surgeon.

As regards the *position* which is most favorable to the reduction of hernia, I have some very decided views. Wherever the cause of the strangulation may be located. it is a matter of prime importance to relax the muscles and fasciæ which surround the apertures wherein the loop of intestine has been constricted, and this can be most surely effected by approximating their points of origin and insertion. It follows, therefore, that the thigh should be flexed upon the abdomen, the pelvis approximated to the thorax, the shoulder of the affected side depressed in the direction of the crest of the ilium, and the linea aspera made to form as acute an angle with Poupart's ligament as the construction of the parts will allow. When reduction is attempted without chloroform, the patient should be made to *stand*, with his head and shoulders bent downward and forward, and the spinal column inclined towards that groin in which the tumor exists; at the same time the weight of the body should be thrown upon the foot of the unaffected side, and the other foot placed somewhat in advance of its fellow. Should the effort prove fruitless, the patient may then be placed either upon his back, in the usual position, with a pillow under the buttock of the side corresponding with the hernia, and the head and shoulders inclined as before; or in a semiprone position upon his hands and knees, with head depressed and pelvis elevated, as in certain operations upon the rectum and uterus. Inversion of the body, as it is ordinarily practiced, which is only a modification of the supine position, has really nothing to recommend it to the surgeon, since it necessarily puts upon the stretch muscles and fasciæ which should be relaxed, and at the same time removes from the point of constriction the whole weight of the intestines, thereby neutralizing one of its antagonizing elements. When chloroform is employed, the position of the patient is not a matter of so much importance to the surgeon, although the same general principles apply, and should be appealed to, under all circumstances.

Of the auxiliary measures by which taxis is facilitated, the most important is, of course, chloroform. Of the value of this agent it is unnecessary to speak, since the whole profession is a unit on the subject. The man, in fact, who would presume to rely upon other remedies, to the exclusion of this most potent drug, but proves himself a fossil of that period when brains had no creation. And yet I am not one of those who believe that chloroform should be instantly and indiscriminately administered in cases of hernia. While freely appreciating the inestimable blessings of anæsthetic agents generally, and with perhaps as large an experience in their employment as most men, I freely confess to a most sensitive apprehension of them. For this reason I am in the habit of testing the efficacy of opium and of cold, the subcutaneous injection of morphia, and the application of cold water, ice, or ether spray, before invoking the aid of more potent, but less innocent, agencies.

I have repeatedly reduced hernial tumors in this wise: Having unloaded the lower bowel by means of enemata composed of water and soap, and injected morphia under the skin in the immediate neighborhood of the constriction, I then, without permitting the patient to be informed of my purpose, have directed a stream of cold water upon the parts, and, at the moment of shock, pushed the gut into the abdominal cavity. The morphia alone has sometimes proved a sufficient auxiliary, and secured the success of the manipulation. I have but little faith in warm baths, and a holy horror of tobacco enemata, as I have known the latter to prove fatal in one instance, and to jeopardize the life of a minister in another. If there be not a prompt and proper response to the measures of relief thus appealed to, I then invoke the aid of chloroform, with some apprehension, it may be, for the safety of the patient, but in the confident assurance, as a general rule, of reducing the hernia. I have had no experience with the aspirator, but have no doubt of its value in some cases.

Sterility as a Result of Lithotomy.

At a meeting of the Medical Society of London, Mr. Teevan related four cases:—

1. A hall keeper, aged 44, was cut by the lateral operation, at a provincial hospital, twenty years ago. He married three years afterwards; but his wife, although his junior, had never had a child or a miscarriage. The patient stated that he had no emissions during connection.

2. A painter, aged 47, married when thirty-one years old. Lateral lithotomy was performed on him three years afterwards. His wife bore him two children before, but none subsequently to the operation. He had quite lost the faculty of emission during coitus.

3. A shoemaker, aged 45, was cut by the lateral method when two years old. He married when 25; but his wife, although his junior, had had no child or miscarriage. The patient had no emissions during connection.

4. A shipwright, aged 45, had lateral lithotomy performed on him when four years old. He was married at the age of 23, his wife being his junior. She had borne him no family. He had no emission during coitus. The cause of sterility was very clear; for lithotomy, as usually performed, involved a laceration of the floor of the prostatic portion of the urethra, and obliteration of the orifices of the ejaculatory ducts. Sometimes the prostate split in the roof, and the infirmity was obviated.

Chloral in Threatened Miscarriage.

The *Lancet* says that Dr. Martineau lately stated, at a meeting of the Society of Therapeutics of Paris, that a woman, seven months and

a half pregnant, was admitted last year under his care at the Hôtel Dieu. She was suffering from ague, and was treated by sulphate of quinine. Uterine pains came on, either from the effect of the quinine or the intermittent fever, and to prevent miscarriage an enema with laudanum was administered. This was of no avail; but a few enemata of hydrate of chloral were effectual—the contractions ceased, and eventually normal parturition took place on the 15th of March last. The chloral was also successful in the case of a patient of M. Martineau's, four months and a half in the family way. She had an attack of pleuro-pneumonia of the right side, and was twice cupped. Four days afterwards pains occurred, and a red flux was taking place from the vagina. M. Martineau ordered an enema of fifteen grains of hydrate of chloral to four ounces of water, and three such enemata were given at twelve hours' interval. These had the desired effect; the pneumonia was cured in nine days. No miscarriage had taken place, and the patient again felt the movements of the child.

Syphilis as an Eruptive Fever.

In the Lettsomian lectures, delivered before the Medical Society of London, as reported in *The Doctor*, April, 1874:—

Dr. Broadbent seemed to adopt the theory of Mr. Jonathan Hutchinson, which brings syphilis into the class of continued eruptive fevers.

According to this, the secondary stage of syphilis represents the fever, the tertiary stage, so-called, the effects produced upon the solids and liquids of the organism by the febrile process. The tertiary stage thus becomes, not a part of the disease itself, but a consequence of it, corresponding to the sequelæ of fevers, such as dropsy following scarlatina, or scrofulous affections after measles.

Both syphilis and fevers have, in common, a period of incubation, a febrile stage which runs a more or less definite course, more regular and more definite in the acute and short fevers, such as scarlatina and measles; less regular and definite in those which have a longer duration, as enteric fever; and correspondingly more irregular and indefinite in syphilis, which is essentially chronic.

In the febrile stage, which is attended with symmetrical cutaneous manifestations and disseminated lesions in internal organs, the poison is reproduced in the system, and the individual who is the subject of the disease becomes a source of contagion. Finally, one attack usually confers future immunity from the disease.

Now, just as in fevers, we may have pneumonia or meningitis not distinguishable by any anatomical characters from pneumonia or meningitis due to other causes, and recognized clinically by the supervention of symptoms of these conditions upon those of the fever; so, in the secondary stage of syphilis, there may occur spinal or cerebral congestions and inflammations which have no peculiarities to indicate the syphilitic character of the affection; and this has to be ascertained almost entirely from previous history or from existing manifestations of syphilis.

In tertiary syphilis, on the other hand, the morbid processes set up are altogether peculiar, and the symptoms are often sufficient of themselves to establish the nature of the case in the absence of collateral evidence.

Dr. Broadbent is of opinion that it is chiefly in persons in whom the secondary affections have been transient and insignificant, or even absent, or in those in whom the tertiaries arrive early or primarily, that the nervous system is liable to suffer. He is corroborated in this view by the statements of Gross, Lancereaux, Braus, Buzzard, Moxon, and other writers, and it is scarcely possible otherwise to explain the entire absence of syphilitic history in many cases obviously of a syphilitic character. But this is exactly what we see in the case of other tertiary manifestations. We are almost daily called upon to make a diagnosis of syphilis in the absence of a history, and in the face of positive assertions that the patient has never been subjected to any syphilitic infection, or suffered from any specific manifestations. In the case of women, and especially of wives, this is not to be wondered at. They are often absolutely ignorant that they have contracted the disease.

The Administration of Phosphorus.

In the *Practitioner*, Mr. J. A Thompson gives the following formula for the administration of phosphorus:—

℞.	Phosphorus,	gr. j
	Absolute alcohol,	f.℥v
	Glycerine,	f.℥iss
	Spirits of wine,	f.℥ij
	Spirit of peppermint,	℥ij.

One drachm of this mixture contains $\frac{1}{12}$ gr. of pure phosphorus. This combination possesses little or no phosphoric odor, and, according to Dr. Radcliffe's theory, "that the disappearance of the characteristic odor from a solution of phosphorus is presumptive evidence of the oxidation of the drug," ought to be inert, but Mr. Thompson's successful results in thirteen patients show that this is not the case. Mr. Thompson has given the phosphide of zinc a trial in six cases. This compound is prepared by bringing phosphorus vapor into contact with melted zinc in an atmosphere of dry hydrogen. Only one half the phosphorus in this substance is said to be available for therapeutical purposes; $\frac{2}{3}$ gr. of zinc phosphide correspond to $\frac{1}{12}$ gr. of phosphorus, and Mr. Thompson finds this the most efficient dose. The drug may be given in the form of pills, in combination with other substances, *e.g.* quinine, aloes or strychnia, and these pills are found to keep well. The remedy is not so speedy in its action as the solutions of phosphorus in oil or alcohol. Of the six cases treated with the phosphide, there was perfect recovery in two, two were remarkably relieved,

one could not tolerate the medicine in consequance of its causing vomiting, and the other found no relief. Mr. Thompson concludes his remarks on this substance as follows: "It is inferior in power (in neuralgia) to the oily solution or the tincture; while, in point of convenience, for portability, and for combination with other drugs, it is superior to them. In point of cost it stands far above comparison with pills and capsules, which require a special process for their manufacture, while it is not subject to any suspicion of degeneration with age."

The therapeutic value of sodium hypophosphite in neuralgia has been tested by Mr. Thompson in three cases, and the results have been negative. He administered the remedy in water, in doses varying from five to thirty grains, every three hours. Two of the three cases were subsequently cured, and one very much relieved by a solution of pure phosphorus. Dr. Anstie's experience of sodium hypophosphite agrees with Mr. Thompson's, while, on the other hand, Dr. Radcliffe has successfully treated four cases of nerve-pain with this drug. Mr. Thompson has found this salt serviceable in cases of extreme debility, when given in five-grain doses, and he believes the remedy "has a special power of creating appetite. It seems to be a remedy which, to maintain its influence, requires to be given in progressively increasing doses."

The Lesions of Syphilitic Paralysis.

The *Journal of Mental Science*, April, 1874, quotes the views of Dr. Müller on this subject. He, Dr. Müller, considers that alterations in the coats of the arteries, with a diminution of their calibre, and consequent mal-nutrition and degeneration of the tissues of the brain, are common to both general and syphilitic diseases, and account for many of the symptoms being in common. In the syphilitic cases the morbid alterations are not confined to the arteries of the brain, or to the brain itself; they extend to the membranes and the bones of the skull, causing pressure on the nerves at their foramina of exit. Syphilis also causes alterations in the sympathetic nerves, hyperplasia of the interstitial connective tissue, with pressure upon the nervous cells and fibres. Amongst the symptoms common in brain-syphilis, and on which he is disposed to rely in diagnosis, are headache and æsthesia of particular spots of the cutaneous surface (which are much more common than neuralgic pains). There are also sometimes epileptoid fits and attacks of paralysis, which, though they sometimes pass away in a few days, are, as a general rule, more liable to continue than the paralytic attacks of general paralysis. In brain-syphilis, single cerebral nerves not unfrequently lose their power, which rarely happens in general paralysis; in the former disease, too, the paralysis comes on gradually. In the latter it generally appears without warning. It strikes me that these distinctions are of more use to establish two separate generalizations of disease than to assist us in detecting them in special cases. The curability of brain-syphilis is without question the clearest as well as the most valuable distinction; but it is inconvenient that the curative treatment should go before the diagnosis.

The Treatment of Syphilis.

Dr. J. K. Spender writes to the *Lancet*:—

1. In the second or exanthematous stage of syphilis, I have found it almost always useful to administer mercury and iodide of potassium simultaneously. The iodide should be prescribed in a dose of about ten grains three times a day, and may be usefully combined with aromatic spirits of ammonia, or with bicarbonate of potassa and other reputed diuretics. The mercury may be given as a nightly dose of four or five grains of gray powder or blue pill; or, if it be thought expedient, about a grain and a half may be given as a pill with each dose of the iodide of potassium. No toxical action of the mercury need be developed beyond slight fetor of breath and sponginess of gums; and even these inconveniences may be prevented or mitigated by washing out the mouth several times a day, and by taking regularly a little lemon juice. Further, it may be desirable to combine quinine with the blue pill, or to add a little opium, to obviate purging.

2. The "intermediary squamous syphilides" are best treated with perchloride of mercury. Pehaps the most interesting and convincing parts of Mr. Hutchinson's papers are his observations on the curative power of this medicine over ulcerating forms of secondary rash, especially when they assume a pyogenic character. This is a fine bold practice, and I venture to claim for perchloride of mercury equal merits in controlling many other erratic syphilitic phenomena. Usually the drug should be given in compound tincture of cinchona bark.

3. The early tertiary symptoms of syphilis are often strikingly relieved by the soluble iodide of mercury, or rather by that double compound of iodine and mercury which is formed by adding iodide of potassium to a solution of perchloride of mercury. It is impossible to praise too highly the therapeutic qualities of this medicine.

Reviews and Book Notices.

BOOK NOTICES.

Half-hour Recreations in Natural History. Division First—Half-hours with Insects. Part 4. By A. S. Packard, Jr. Boston, Estes & Lauriat.

The subject of the present number is, "Insects of the Plant House." The gifted author keeps up the interest of his readers by a most charming account, fully illustrated. Having shown how Simpson employed the terchloride of formyle, a product of chemistry from the ant, he says, "insects feed us, clothe us, and lull us to sleep."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUG. 15, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

THE PROPAGATION OF TYPHOID FEVER.

This subject has received the very attentive study of a number of competent observers, who have published their results within the last few months.

It is gratifying to find among them a close approximation of opinion, almost a unanimity. Dr. BUDD, of England, in his recent study of the subject, appears to have proved that the poison of enteric or typhoid fever multiplies its germs within the bodies of those affected by it, and that by means of these germs, contained within the excreta, it is chiefly propagated.

Dr. CORFIELD, of London, in a late address before one of the medical societies of that metropolis, expresses himself forcibly to the same effect. He denies that the infecting material is thrown off in this malady as in such diseases as scarlet fever, where infection is thrown off by the skin and breath. The poison of typhoid as surely exists in the fresh fæces as does that of lead in a solution of sugar of lead. People may live in a room with it exposed to the air without being poisoned, so long as it is not imbibed. Instead of the poison originating by the decomposition of fecal matter, when fæces containing the poison decompose they give out bubbles of gas, which carry up mechanically various particles, including poisonous ones, into the air around: this is how it gets into the air of sewers and cesspools. Water very readily absorbs foul matters from sewer-air; and the disastrous error of connecting the waste pipe of drinking water cisterns directly with the house drains is perhaps the commonest cause of the spread of the fever in London.

This is substantially the opinion of Dr. AUSTIN FLINT, as expressed in an article in the Buffalo *Medical and Surgical Journal*, of March. He says, speaking of the contagium of the fever, "If it be not contained in emanations from the body, it does not, of course, proceed from either the skin or the air passages, and there is certainly no palpable product containing it on the surface of the body. We are, therefore, brought,

reasoning by way of exclusion, to seek for it in the alvine dejections. If it be contained in these, by what avenue does it gain entrance into the system? If the dejections containing the contagium are conveyed from dwellings by soil-pipes, we can understand that it may pervade the atmosphere of houses, in consequence of defective provisions against the escape of sewer emanations, and if excrementitious matter be deposited on the surface of the ground, the atmosphere within a certain area may be polluted by emanations therefrom, which contain the contagium. But there is logical proof of the diffusion of the disease by contagion under circumstances which render it vastly improbable that the contagium is inhaled; and, therefore, reasoning again by way of exclusion, we are brought to consider the alimentary canal as the avenue through which the contagium enters the system. Thus we are rationally led to the conclusion that drinking water is a medium by which typhoid fever may be communicable."

These similar results furnish a firm basis for sanitary measures, and point out the urgent need of a better style of domestic architecture than that generally adopted by builders in this country. Typhoid fever is essentially a *preventable* disease; and its presence in a community consequently proves beyond question that sanitary science is neglected. It is true that impure drinking water may not be the *only* cause; but it is doubtless the most common.

Notes and Comments.

Therapeutical Notes.

—In diphtheria M. Bucquoy employs locally lemon juice. He saturates some cotton wool with the juice, and presses it against the affected surface four or five times a day.—*Journal of Applied Chemistry.*

—Professor August Vegel encloses ether in a gelatin capsule. In cases of tapeworm the patient swallows a capsule, the ether is vaporized in the stomach, the worm is stupefied, and may be removed by the usual remedies, which are powerless when the worm is able to resist.—*Journal of Applied Chemistry.*

—To disguise castor oil, rub two drops of oil of cinnamon with an ounce of glycerine, and add an ounce of castor oil. Children will take it and ask for more.—*Journal of Applied Chemistry.*

—The bitterness left in the mouth after certain medicines is quickly removed by chewing the rind of a lemon or orange. Some use licorice root for the same purpose.

—For the intense pain of cholera morbus, etc., liable to prevail at this season, the following is useful:—

R.—Chloroformi,	f.℥jss;	
Morph sulph.,	gr. j;	
Tr. opii comp.,		
Tr. cardam. comp.,	āā f.℥ss;	
Syr. zingib.,	f.℥j.	M.

Teaspoonful every 15 minutes till relieved.

Indigenous Plants.

We are pleased to learn that our friend Dr. W. P. Gibbons, of Alameda, Cal., is engaged in the study of the medical flora of the Pacific Coast. In 1871 he presented a very valuable paper on this subject, fully illustrated, to the American Medical Association, on the occasion of its session in San Francisco. By his own request this paper was not published, but returned to him for revision. At the last session of the Medical Society of his State, a paper on this subject was ordered to be published, but, we regret to say, that the illustrations will not accompany it.

It is just such workers, and such papers that the American Medical Association and the various State societies should encourage, and publish.

We are confident that very many valuable medicinal agents grow, as it were, at our very doors, but are unknown for want of the proper investigation, while we import, at high rates, articles from abroad.

Antidote to Strychnia.

The *Journal of Applied Chemistry* says it is asserted that salad oil promptly applied is an antidote to strychnia. The remedy has not been tried on men, but on dogs a half pint of oil is said to be sufficient to prevent fatal results.

[The late James F. Reed, Esq., of San Jose, California, some years ago assured us that he relied upon lard as an antidote, and had, by its free administration, saved the lives of dogs and other animals on more than one occasion. The

people of California employ strychnia to kill the gophirs, and thus the dogs and other animals are liable to be poisoned.—Ed.]

Fluid Extract of Chestnut Leaves.

Dr. J. Eisenmann, of Vienna, has experimented with a fluid extract made from the various leaves of the European variety of *castanea vesca*, as a remedy for whooping-cough which had but recently entered into the spasmodic stage, and in which the subsequent course of the disease could be well-ascertained. The results were so favorable that the author calls the attention of European physicians to this remedy.

Correspondence.

"Have the Jews any Immunity from Certain Diseases."

Ed. Med. and Surg. Reporter:—

Under the above caption is published a paper in the Reporter, of May 9, 1874, that requires at my hands a passing notice. It is devoted to strictures, comments, and criticisms on a communication previously published in your journal, April 11, 1874, with the caption, "Jews and Christians." I am sorry to say, it partakes more of a partisan character, and animated philippic, than the candid, unprejudiced development and enunciation of historic, scientific, and philosophic truth. "Jews and Christians" was written for the especial purpose of calling the attention of the profession to a subject of the deepest interest, not only to the Jews, but the whole human race. A Jew first brought the subject to my attention. The conclusions therein recorded were the legitimate deductions from facts and statistics therein presented, and founded upon, not only my own limited experience, but that of gentlemen of unquestionable probity, honor, experience, intelligence, and learning, and a fame not circumscribed within the bounds of this Republic. Not only that, but a synopsis of the vital statistics of Prussia, France, and London, under governmental order, and kept with the most scrupulous and scientific exactness, proving beyond cavil, and almost, if not quite, mathematical precision and demonstration, that in those countries, at least, Jews enjoy greater expectations of life, through every septeniad from birth to seventy years, and advantages in health, and greater longevity, than their Christian neighbors. I will here repeat from statistics, what I formerly stated, on one point only, that will suffice. In France one-half of all Christians die before the age of thirty years, while one-half of all Jews live till fifty years. *See Uber die Lebenserwartung der Israelitischen. Bevolkerung gegenuber Christichen. Deutsche Zeitchr. f. d. statistik.*, *t.* xxi, *p.* 2, 1863.

It is to be regretted that those statistics had not extended to the disease to which Christians and Jews finally succumbed. We should then have had full, complete, and conclusive explanation of the whole subject under discussion, the precise ratio of deaths from *Consumption*, among both Jews and Christians.

It was the above evidence, the above sources of information, and especially the above *statistical data*, that prompted my inquiries, and from which I drew my conclusions, not *assertions*, as somewhat maliciously charged by your Cincinnati correspondent. I merely threw out hints, made suggestions, advanced opinions, recorded observations and conclusions from the lights before me, and respectfully called the attention, not only of our own profession, but philosophers and scientists, to a subject well worthy their careful study and contemplation. But one assertion was made in that paper, that syphilis was a specific disease, *sui generis*, that it never changed into tubercular consumption, nor tuberculosis into it. But this has little to do with the subject under consideration. I did not allude to it, or soil my pen in its disgusting discussion, except only in explanation. If *prostitution* and its consequences is one of the inevitable calamities of the Jewish race in this country, as Dr. Epstein asserts, and equal to that of any other people, I did not know it. According to my observation, with them it is about on a parallel with *consumption*. There are, unquestionably, occasional cases, but it is *very rare* amongst them. But as this subject is foreign to the question under investigation, one would naturally have supposed he would not have brought it forth so prominently, and I might say, exultingly, but given his brethren, the Jews, the benefit of silence, or, at least, profited by a historic lesson in justice, charity, and decency, from his illustrious ancestor and progenitor, Shem, one of the dutiful sons of Noah, by robing himself in the mantle of charity, with face averted, and a step backwards, and throwing its broad folds as a shield over his race, instead of pointing their vices so conspicuously and needlessly to the public gaze.

He says "it is not scientific to contrast Jews and Christians, but rather, Jews and Gentiles." Pray, what has science to do with it? It is only a mere matter of taste. There is nothing in history or the Hebrew language to class Christ and his followers as Gentiles. Christ and his whole party were Jews, and died Jews. In history the Jews called the pagan, idolatrous nations round about them Gentiles, and not the worshippers of their own true and living God.

A word right here in regard to those two Jewish gentlemen who were in his office while reading my paper, and were almost indignant at its assertions. If they had the impartiality and intelligence represented, and a moderate knowledge of the English language they would not have lashed themselves into such fury. For they would readily have seen the difference between logical conclusions and dogmatic assertions. It was a mere chimera of imagination, probably a little intensified by a review and test of good old Muscovite fluids, on the new theory

advanced, of "absorption by the digestive organs," or on the standard of a "true biological physiology," advanced by your correspondent.

After advancing the assertion that the Jews have *no advantages* in life, health and longevity, he contradicts himself on every point, first by saying "*their advantages* in this respect are from race, that dates back to Abraham, the first Hebrew, and enjoyed to the present day, as an undeteriorated inheritance, because they have not intermarried with other races with whom they have come in contact. And that *circumcision* is probably the moral agent which effects this." And thus he abandons every point, and comes round, step by step, to my position, that they "have proved themselves of the purest and finest type of the Caucasian race," and the original stamina of race has been preserved, not only by circumcision, but by dietetic, hygienic, and sanitary regulations of their religion, that has preserved them a distinct and peculiar people. God himself represents them a "stiff-necked and rebellious people, raising up idols, and hankering after the flesh pots of Egypt." And they always have had meted out to them a fearful, terrible, if not speedy retribution. If now in America they "make no question in diet for conscience sake," but forsake religious regulations in diet, and religious observances, they may expect, not "fire from heaven to consume them," as of old, but what is worse, deteriorated constitutions, and loss of that stamina and vitality of race given to their great ancestor by God himself, and the transmission of loathsome disease, misery and death to their posterity forever.

Circumcision is thrust forward by this *soi disant* authority, or "*some authority*," as perhaps the moral cause that has prevented intermarriage of the Jews with other nations, and thus preserved intact their health and tenacity of life. And this assertion, in the face of his many years' practice of medicine in European Turkey. Does the great moral cause keep the Jews and Turks from intermarriage there? If he had extended his travels and observations amongst the Turks a little further, to Cairo and Alexandria, in Egypt, he would have found his *bar down there*, as circumcision is a prevalent and universal custom, not only with Jews and Turks, but Copts, Ethiopians, and all other Christian nations inhabiting that country. In addition to its religious bearing, it is deemed a strictly necessary sanitary measure, extending "to a period of time beyond which the memory of man runneth not back," enforced by the doctrines of the Koran, general usage, custom and consent, for the prevention of disease, preservation of health, and the effectual consummation of absolute cleanliness. And this is not confined to the male sex only, but is rigidly enforced upon all females. Circumcision is extended equally alike to the most delicate and tender maiden, as well as the burly, lusty boy. Regular professionals, who perform the operation, traverse the streets and place themselves in prominent places, and loudly vociferate in Coptic or Arabian language, "Who wants to be cut."* And yet, even here, the Jew preserves his distinctive national characteristics with more exactness than among the mongrel hosts of Republican America. Circumcision as a sanitary measure and religious rite, with its correlative hygienic, dietetic, and therapeutic accompaniments, frequent ablutions, purifications, abstinence from hog meat and other unclean things, were in practice by the ancient Egyptians, and formed the most prominent part of a fundamental religion far back on the confines and first development of the germ of their ancient civilization, and when the ancestors of the Abrahamics were wandering *nomads* in Mesopotamia, on the other side of the river Euphrates.

It never became a Hebrew institution until friendly relations had been established between Abraham and the Egyptians. Then it was initiated by the circumcision of Abraham and Isaac by the express command of God. In ancient Egypt, religion and medicine were blended in the same profession; its rules and practice enforced by an order of priests, to whose dictum not only the most abject slave, the lowest peasant, but the highest potentate, Pharaoh himself, must bow, even to his daily bill of fare; its programme regularly furnished by his priest and physician, from which he dare not deviate. Circumcision was introduced among the ancient Egyptians as a sacred rite of the gravest import, and not upon the whimsical and capricious fancy and suggestion of the mystic philosopher, as its conception savors not of beautiful poetical imaginings, neither was it demanded for practical utility, or in any way useful or *ornamental*.

Moses, the great champion, leader and lawgiver of the Hebrew race, was himself an Egyptian priest, educated in all the deep research and arts of the Chaldean Magi and mystic philosophic development of Egyptian and Oriental science, and all that was then known of the science of medicine, in its general principles and in its application of details for the preservation of health and prevention of disease. And he perspicuously enunciated in the law a set of rules, formulæ, hygienic regulations, religious teachings and observations well calculated to promote the healthful play of every physiological action and full discharge of every function of the human organization. Its careful study will furnish a valuable lesson to the physician of this boasted and enlightened age. A slight tinge of Egyptian and Indian, or Asiatic philosophy, and shadow of its teachings, pervade all the books of Moses. The strict religious obedience accorded those writings has preserved the Hebrew race in its purity, through their many calamities, as a distinct people, long after their temple, their every building and city, have crumbled into dust, and their

* Not unlike the little, antique Frenchman, at his coffee stand at the French market at New Orleans, in *ante-bellum* times. Early in the morning, at the distance of three squares, you could hear him sing out at the top stretch of his lungs, *Café au lait! Café au lait!! Café au lait!!!*

people for eighteen hundred years scattered over the whole world, and their political existence as a nation effectually crushed out and annihilated.

"The great instinctive, brotherly compact between its members the world over," so complacently referred to, is only a part of the religious fabric that buoys up the Jew in all countries and among all nations, and gives him a "healthy soul in a healthy body." They seem yet to have unsatisfied wants, as well as the Christian church, as seems evident from the number of secret and open societies advertised in their newspaper columns. But this want is a legitimate. unsatisfied inheritance, dating back to the first Jewish institution of Free Masonry, which is coeval with the building of Solomon's Temple itself. And this is, moreover, satisfactory evidence that Jewish advantage in health and life is not wholly owing to their firm reliance on brotherly assistance, but to their general and moral structure of society, adhered to for ages, that carries them safely through all the storms and tempests of life

In following up the thread of your correspondent's comments, I have wandered promiscuously among the varied subjects brought forward in his unwarranted and flippant assumptions, his bold, dogmatic, and fallacious assertions, unfair deductions, and illogical conclusions.

He characterizes the well authenticated record of vital statistics in Prussia, showing the greater longevity of the Jew in that country over the Christian, "a fiction."

He denounces French and English statistics, equally authentic, establishing the pre-eminence of Jews in health and life at all ages in those countries, "*a mere fiction.*" And its propounder he stigmatizes, in the enigmatic, euphonious, and classic language of Old Tammany pot-house politicians, as one who has "*a special axe to grind.*" And he even has the presumption to *scout* the teachings of the great Professor Hufeland, that circumcision is strictly a sanitary measure, and that longevity depends much upon the average diet of a people, and may be attained individually by strict attention to its nutriment and simplicity, and its adaptability in supplying the waste and giving sustenance to the living body.

What evidence or authority does he bring to support his pretensions to superior knowledge? His *being himself a Jew*, *per se*, and his experience in Russia, while yet a boy under twenty years, and his professional practice since, in Austria, Turkey, and America, and also the valuable information and knowledge derived from the *rich stores* of *Muscovite*, *Cossack*, *Turk*, and *Gypsy* circles.

Dr. Epstein closes his valuable and *scientific* paper by doing me injustice in expressing his gratitude "to you, Mr. Editor, for bringing such topics to the notice of the profession."

I still yield homage, undivided, to statistics and well established authority, that Jews enjoy a wonderful immunity, not only from consumption, but a large portion of diseases that assail the health and life of the human race. Individual exceptions are the strongest proof of a general rule. I shall still wait, with great interest, further developments.

MADISON MARSH, M. D.

Port Hudson, La., May 30, 1874.

Malaria Forms.

ED. MED. AND SURG. REPORTER:—

The medical journals in this country and abroad are in the habit of flirting a little, either with medical faculties or societies and many editors were compelled to resort to it in order to insure the financial success of their paper. Your valuable journal was an exception to this; it did not court the favor of any party, until of late it evinced a peculiar affection to country practitioners. Of course, no objection can be made to the publication of valuable contributions, whether they proceed from scholars residing in the country or in the city. You decline to assume the responsibility for statements made over the names of correspondents, but you are to some extent answerable, as it lies with you whether an article will be admitted to your columns or not. From the time you solicited communications of country practitioners—an invitation which I always considered questionable, because the boundaries of science and experience can never be determined by "country and city"—the difficulty in accepting or rejecting articles became rather aggravated. The readers of a journal may justly expect that the contributions are not the product of a compelling lever were they so, they would inflict tortures upon the subscribers, which might call for the intervention of a second Henry Bergh.

As an old subscriber of the REPORTER, I look upon it as a member of my literary household. You know human nature well enough; things which we call our own we appreciate more highly, and we take particular care to prevent family members from becoming degraded. Thanks to your knowledge and judgment, I heartily welcomed the REPORTER weekly, and it had its fixed habitation on my library shelves. I want to see it keep its place, and therefore every article passes close scrutiny on my part. Permit me, therefore, to say a few words about the forms of malaria (No. 900, May 30th, 1874,), and "I trust that the author" will excuse my frankness; my remarks emanate from a like desire to promote knowledge, and I cheerfully give him credit for publishing his observations.

I shall not speak on malaria forms in general, but the author's remarks on urticaria engaged my attention particularly, as deviating from the views of our best writers and students. After summing up the symptoms he says, "Here, then, were three diseases combined in one patient," while I cannot find any complication whatsoever. The symptoms altogether were either prodromi or accompanying the dermatous disease. With the exception of urticaria after some ingesta, as after strawberries, cheese, etc., all other cases are more or less accompanied by pains in the limbs, ankles, and by an-

ginose symptoms. If the author would have consulted Wichman, Bateman, Fuchs, Cazenave. Rayer, and others, he would hardly have agreed with Fox, who makes urticaria dependent upon rheumatism, gout, etc. It is more a hybridous exanthema (I observed even a mixture of erythema. roseola, and urticaria), and its symptoms in general show distinctly the characteristics of erysipelas.

The form ab ingestio is ephemeral, disappearing and reappearing several times within twenty-four hours, without fever symptoms; the other forms are of longer duration, show the symptoms as described in the named article, without having much to do with the malaria forms. We observe often enough urticaria exanthema complicated with a gastric state, or even with an intermittent fever, without provoking our particular attention.

The two diphtheria cases attended to by the author had nothing at all to do with the urticaria case in the same family; the sore throat and the slight ulcerated tonsils did not absolutely indicate a diphtheria. If pleurisy, pneumonia, gastritis, and such other diseases occur in a marshy country, where malaria is predominant, we should not feel inclined to administer anti-malaria remedies as a rational treatment. I attended to two cases of typhoid fever in one family; both were about entering the convalescent state, when the younger sister, æt. fifteen years, was suddenly taken with a gastric catarrhal fever, after she had been remarkably active in nursing her brother and sister. The expected typhoid symptoms did not appear, and I attended to the case as it presented itself, not as I expected it would develop. The *genius morborum* is very deceptive, and it often deserves to be called the *genius malorum*, as our experienced men sometimes over-estimate it and overlook contra-indications.

I think it superfluous to state anything about the treatment of urticaria, as it is well known that the expectant method is the most preferable. The author used a chlor. of potassa gargle, and I wonder how he succeeded in administering it, as his patient was only nine months old. His compound mixture of iodide of potassium, brom. ammonium, and potass. acet. reminded me of the old Bœrhavianum. "simplex veri sigillum ad medirus minister non magister naturæ esse debet."

B. Segnitz, M. D.

New York, June, 1874.

News and Miscellany.

Centennial of Chemistry.

Northumberland, Pa., July 31, 1874.

Among those present at the opening of the celebration were: Professor E. N. Horsford, Cambridge, Mass.; Thomas N. Drown, Philadelphia; E. J. Fristoe, Columbia University. Washington, D. C.; Rev. Dr. Pynchon, Harvard University, Mass.; Elwyn Walker, School of Mines, Columbia College; Charles H. Chandler, Antioch College, Ohio; J. W. Mallett, University of Virginia; William F. Chandler, New York; Miss Swallow and Miss Capen, Girl's High School, Massachusetts; R. C. Kedzie, State Agricultural College, Mich.; Persifer Frazier, University of Pennsylvania; Dr. Bolton, Columbia (N. Y.) School of Mines; Prof. Leeds, Stevens Institute of Technology; Prof. B. Silliman, Yale College; Prof. H. Croft, Toronto, Canada; Prof. J. L. Smith, Louisville, Ky.; Prof. T. Sterry Hunt, Boston; Prof. S. H. Douglass, Ann Arbor University, Michigan; Prof. E. L. Youmans, New York.

At the residence of Mr. Joseph Bird, on Market street, is displayed the "Loan Cabinet," or Priestley Cabinet. comprising apparatus, books, manuscripts, etc., belonging to Dr. Priestley, and now in possession of Mrs. Joseph R. Priestley, widow of the grandson of Dr. Priestley. The various articles arranged on tables, and the engravings and paintings conveniently placed on the walls. Among the curiosities are:—Dalton apparatus, two graduates and two vials; steel engravings, the property of Dr. Bolton, of chemists and alchemists from the year 1100 to present date, embracing those of Roger Bacon, Albertus Magnus, and others; two of Priestley, one from Stewart's painting, one from Wedgewood's medallion.

On a table at the far end of the room two glass cases, one containing the autobiography of Dr. Priestley, written by himself, and the other a Wedgewood medallion, black on white. Above these is suspended a large oil painting of Dr. Priestley by Stewart, from which the steel engravings are copied. On the tables also are a complete set of Priestley's works, bound in boards, with untrimmed edges, and published in England; a large electrical apparatus, Leyden jar, two and a half feet deep and eight inches in diameter; sealed tubes containing results of an unfinished experiment; chemical glassware belonging to Priestley; first-class telescope; also an orrery, and other educational apparatus. There are also furnaces for gas, iron retorts of all descriptions, gas holder of peculiar construction, magic lanterns and slides, maps belonging to Priestley; also a "New Chart of History," published by him in London in 1769.

The original lens used by Dr. Priestley when he made his first discovery of oxygen, was formerly in the possession of the Smithsonian Institute, but was burned at the fire which occurred at the Institute some years ago. A very fine engraving, representing the burning of Dr. Priestley's house and laboratory in the Birmingham riots, is another of the relics preserved, as are also a number of pictures of the distinguished chemist.

Morning Session.

The building selected for holding the sessions of the convention was the public school-house of the borough, seating eight hundred people, and on the occasion of the opening every seat was occupied.

The meting was called to order by Prof. H. Carrington Bolton, temporary chairman.

The committee appointed by him to select permanent officers, reported the following names: President, Prof. Charles F. Chandler, School of Mines of Columbia College, of New York; Secretary, Prof. Albert R. Leeds. of Steven's Institute of Technology, Hoboken, N. J.; Treasurer, Prof. William H. Chandler, Lehigh University, Bethlehem.

Colonel David Taggart was introduced, and spoke as follows:—

I have been chosen by my fellow-citizens to offer to the learned and distinguished men and women who have gathered here to commemorate a grand discovery and to honor a great name a brief but earnest welcome. We cannot follow you through the wide realms of science, nor explore very deeply the mysteries of nature, but we can move with equal step in paying a tribute of respect and reverence to the illustrious man, who, eighty years ago, found, among "the rude forefathers" of this hamlet, a quiet home, and seventy years ago an honorable grave. Whilst other names may fade away and their owners be forgotten, that of Priestley will remain fresh in the minds of his fellow-men. His fame was a glorious one, and his life, passed as it was in a pure atmosphere of religion and science, was exalted above the plane of ordinary mortality, and devoid of the annoyances caused by spite, jealousy and detraction. He made science his mistress, and, with a pure heart and untiring mind. he worshiped her "through long days of labor and nights devoid of ease," and to-day he stands with Galileo, Newton, Harvey, Faraday and Humboldt, a grand, colossal priest in the Temple of Nature. His name is the talisman which draws to-day to this quiet Pennsylvania village the aristocracy of learning and knowledge of our land. To you, men and women of science, I desire to reiterate, in behalf of all my neighbors, a very sincere welcome to our homes and to our hearts.

He was replied to by the President of the meeting, who, on behalf of the chemists and scientific men assembled, accepted the kind welcome extended them on behalf of the citizens of the place.

The first business was the appointment of committees to extend by telegraph the sympathies of the meeting in Northumberland, to the meeting being contemporaneously held at Birmingham, England, to assist in spirit at the unveiling of the Priestley statue in that city to-morrow. The following despatch was re-reported by the first committee:—"The brethren at the grave, to the brethren at the home of Priestley send greeting."

Letters were then read from a number of distinguished gentlemen from different sections of the country, excusing themselves from participation in the ceremonies on the grounds of ill health or professional duties. Among them were communications from Prof. Joseph Henry, of Washington, excusing himself on the ground of sickness; from Dr. Kennedy, of the Polytechnic Institute, Philadelphia; from S. Dana Hayes, of Boston; Prof. J. W. Baker, of New York University, and Professor Rachel L. Bodley, of Philadelphia.

This was followed by a short speech by Dr. J. Lawrence Smith, of Kentucky, who advocated a resolution providing for the holding a meeting of chemists during the year 1876, and for the appointment of a committee to consult with the Centennial authorities at Philadelphia, and to ask them to induce the chemists and students of the Old World to visit Philadelphia during the Centennial year, and to meet with us at that period. He alluded to the fact that Priestly was one of the pioneers of those ideas which led to the Declaration of Independence, and said that it was especially appropriate that the followers of his teachings should celebrate the Centennial of that great event The motion prevailed, and a committee was appointed.

An address upon the "Life and Labors of Dr. Joseph Priestley" was then delivered by Prof. Henry Croft, of Toronto, Canada, who began his remarks by saying: The distinguished scientist and chemist, in whose honor we are assembled here to-day, was born at Fieldhead, a small village, six miles from Leeds, England, on the 13th of March, 1733. He was the son of Jonas Priestley, a maker and dresser of woollen cloth, and was the eldest of six children. From his autobiography, the manuscript of which, in Priestley's own handwriting, is on exhibition among the curiosities of the Priestley Cabinet, it appears that shortly after entering into his teens he was sent to live with his aunt, a Mrs. Keighley, who, being a lady of large means, sent him to first-class schools to be educated. At one of these, whilst between the ages of thirteen and fifteen, he acquired a knowledge of Latin and Greek. Shortly afterwards he supplemented this knowledge by obtaining a thorough acquaintance with the French, Italian and German tongues. To these acquirements, in his early manhood, he added a thorough training in Syriac. Hebrew, and Chaldee, as well as in stenographic writing. A letter written by him on the system used in those days is still extant among the relics existing here. In the year 1752 the subject of my discourse went to Devonshire, where he pursued his scientific studies. In his collegiate career he was noted for his heterodox views on subjects of religion and politics, as well as for his learning and love for scientific researches. In his autobiography Dr. Priestley speaks of an impediment in his speech, which he considers an advantage rather than a drawback. His first congregation was a small one at Needham, where he received £30 a year for his services, and was obliged to eke out his living by teaching school and lecturing. Later he went to preach at Nantwich, where he had a large school under his charge and for the first time he made money, all of which was devoted to the purchase of chemical and electrical apparatus. Whilst there he published an English grammar.

Next we find him at Warrington, where he was made tutor of divinity, and shortly thereafter was married to a daughter of Isaac Wilkinson, a Welsh iron founder, of whom he speaks in the highest terms, saying that it was by her devotion and care that he was enabled to have the opportunities in which he gave his time and energies to the pursuit of his profession. To show the extraordinary genius of the man it is only necessary to say that during his stay at Warrington, Priestley delivered courses of lectures on Languages, Theory of Language, Oratory, Anatomy, and History of England. During this period he made occasional visits to London, and on one of these made the acquaintance of Dr. Benjamin Franklin, who, together with Canton, the electrician, took considerable interest in philosophical pursuits, the former, indeed, encouraging Priestley in his idea of writing a book on the history of the discoveries in electricity. Papers and books necessary for this work were furnished by Franklin, and Priestley made numerous experiments to illustrate the theories involved. The book was completed inside of a year, notwithstanding all the numerous cares and engagements of the author. Upon its publication, the University of Edinburgh conferred upon him the degree of LL. D. He afterwards spent some time at Leeds, where he attracted attention by the publication of some theological tracts. Whilst residing there, the accidental fact of his living next to a brewery drew his attention to making experiments with the fixed air produced by fermentation. After his removal to another house, he was obliged to make, in a machine of his own construction, the fixed air necessary for his experiments. In this connection it might be said that he was the original discoverer of carbonic acid gas, and his first papers on the subject, embraced under the head of pneumatic chemistry, were published in 1772. A year later he received the Copley medal for a meritorious discourse, and was also invited to accompany Captain Cook on his second voyage to the South Sea. After a six years' residence at Leeds, Dr. Priestley went to live with the Earl of Shelburne as librarian and literary companion. His salary was £250, with house to live in. There he remained for seven years, visiting the Continent during the spring of 1774, and making many valuable friends. Whilst at the Earl of Shelburne's he made his great discovery of oxygen gas, August 1, 1874, by heating the red hot oxide of mercury and collecting the gases given out of it. From the Earl of Shelburne's, Dr. Priestley went to Birmingham, where, after a residence of several years, his opposition to the Established Church and advocacy of the cause of the French Revolution, raised so bitter a feeling against him that an infuriated mob burned down his church, house, and laboratory, and compelled the distinguished chemist to flee the city on horseback. He next is found at Hackney, publishing there a complete edition of his works. Whilst at that city, at the solicitation of his sons, he determined to leave England and settle in America, and his scientific and other friends raised a large sum of money to give him a proper start in the New World. Arriving in this country, after a safe voyage, he was immediately tendered the Chair of Chemistry in the University of Pennsylvania, which he declined, on the ground that he had no desire for city life, but only wished a home in the country. This he soon afterwards secured, settling at Northumberland, the town where we are now assembled, which, at that time, was the seat of a small English colony. In order to throw a light upon the character of the man, whose decease took place in this town seventy years ago, and whose discoveries we are here to commemorate, I give the following extract written by a friend during the lifetime of Dr. Priestley: "In integrity and true disinterestedness, and in the performance of every social duty, no one could surpass him. His temper was easy and cheerful, his affections were kind, and his disposition friendly. Such was the gentleness and sweetness of his manners in social intercourse that many who had entertained the strongest prejudices against him on account of his opinions were converted into warm friends on a personal acquaintance. In his intellectual form were combined quickness, activity, and acuteness — the unfailing characteristics of genius. Another indication of his character is afforded in the opening sentence of his autobiography, wherein he says: 'As I have honored my friends and benefactors, it is necessary that I give some account of myself, and I can make no apology. If my writings have been useful I am glad, and hope they will be beneficial to my friends.'"

At the close of Prof. Croft's address, a number of letters written by Dr. Priestley during his residence in this country were read. They referred to subjects religious, chemical, and political, and were listened to with great interest, as was also a number of other reminiscences volunteered by gentlemen present. Shortly thereafter the meeting adjourned, to assemble again at 2 o'clock, but prior to the adjournment a despatch was received from the chemists assembled at Birmingham, as follows:—

"*To the American Chemists assembled at Northumberland:—*

"Our marble statue representing Priestley discovering oxygen will be unveiled to-morrow, presented by subscribers, through Prof. Huxley, to the town, and accepted by the Mayor. We greet you as colleagues engaged in honoring the memory of a great and good man.

"(Signed) Priestly Memorial Committee of Birmingham."

AFTERNOON PROCEEDINGS.

Prof. Lawrence Smith, of Kentucky, took as his subject the Review of the Century's Progress in Industrial Chemistry. He alluded to the contact of chemistry with the outside world, and went into a long and exhaustive examination of the improvements within the past hundred years, and their effect upon the people at large. He

argued that chemistry is really *the science* of the 19th century, which is marked by the great industries of soda, sulphur, chlorine, coal, etc. These industries, he said, created a vast power. The political, mental and agricultural interests, and their benefits, were shown to have been the result of the laborious and freewill offerings of chemists. Prof. Smith's remarks contained many points of interest concerning the great chemical industries of the day.

An address upon the "Century's Progress in Theoretical Chemistry" was delivered by Prof. T. Sterry Hunt, of Boston. He traced the progress of chemistry as an art from the earliest times, and endeavored to show that it took form and shape during the 18th century. He then alluded to the celebrated men of that era, to the men whose improvements and discoveries within the hundred years have made chemistry what it now is, and mentioned among them the names of Scheele, Priestley, and Lavoisier. The two first, he said, were great discoverers, but failed rightly to interpret their discoveries, the second of them dying in the full belief of the old system of chemistry, notwithstanding his great discovery of oxygen. The third of these, Lavoisier, seized the fact made known by his cotemporaries, and like another Newton, showed the great harmonies which govern all the changes in the mineral, animal, and vegetable kingdoms. He, with Wenzel, made chemistry a quantitative science. The speaker then touched upon the theory of compound organic radicals, and referred to experiments made. The question of the transmutation of the elements was then handled and explained.

Prof. Hunt then referred to the dissolution of bodies by heat, to the probabilities of the existence of a more elemental body than hydrogen, to the phenomena of polarization, to the wonderful experiments of modern chemistry, and to the clearer knowledge of vital chemistry. He said that the impenetrability of matter has been proved to be no longer a fact. He spoke of the great laws of equivalents, multiple properties, which govern chemical changes, and said that the atomic hypothesis in chemistry, like the Newtonian theory of light, has done good service in the past, and is inwrought in our teachings of to-day, but expressed a belief that it would not retain a place in the chemistry of the next century.

Prof. P. Frazier, Jr., moved that a committee of five be appointed to report the expediency of forming a Chemical Society in the United States, and advocated at length his motion. After details, the resolution was amended to appoint a committee of five to confer with the American Scientific Society, with a view of establishing, on a firmer basis, the chemical section in that body.

At six o'clock, in the main square, the chemists assembled in order to visit the tomb of Dr. Priestley. The cemetery wherein it is located is at some distance from the town proper, and is situated at the top of a small elevation overlooking the valley of the east and west branches of the Susquehanna. Upon their arrival at the grave the ceremonies were opened by an address by Prof. Henry Coppee, who dwelt on the virtues of the great chemist. He spoke in place of Dr. Joseph Henry, of Washington, unavoidably absent on account of sickness. The speaker referred to Priestley's wonderful devotion to science, alluded to his studies in theology, in jurisprudence and in the field of political economy; spoke of the liberality and freedom of the great chemist's views on all these subjects, and cited as illustrations his History of England. He passed in rapid review the many lectures delivered by Dr. Priestley, embracing subjects of varied nature.

The speaker gave a brief description of the stand taken by Priestley in the earlier part of the history of free America, and cited him as one of the greatest reformers the world has ever known. With reference to the discoveries of the distinguished subject of his discourse, the speaker recapitulated the obligation his present of science had imposed on the world, and finally, with a glowing tribute to his memory, he closed his remarks by alluding to the loss the world sustained by Dr. Priestley's death.

The persons present then proceeded to the school-house, where a lecture by Professor J. Lawrence Smith, of Kentucky, was delivered.

SECOND DAY.

On Saturday, August, 1st, the chemists reassembled at the school-house, for the celebration of the one hundredth anniversary of the discovery of oxygen, and after some preliminary business relative to the observance of the day, which, on the programme, is called "Oxygen Day," Professor J. Lawrence Smith, of Kentucky, addressed the meeting, and speaking in complimentary terms of Professor Liebig, proposed to raise a fund in aid of the statue to be erected in honor of that distinguished scientist at Munich and Giessen. He was followed by Professor Silliman on the same subject, and a sum of about $600 was thereupon raised in furtherance of the object. The next business was the commemorative address on American Contributions to Chemistry, which was delivered by Professor Benjamin Silliman, of New Haven, Conn.

He said: "The history of modern chemistry began with Priestley at about the time of the American Revolution, but the scientific revolution was ahead of the political one." He alluded to the many men who had sacrificed themselves in the pursuance of science, and whose names were familiar ones in every household. Priestley was to chemistry what Newton had been to celestial mechanics. He divided his subject into two heads, historical and contemporary. Under the first of these he alluded to the societies for the advancement of science in the last century, to the seminaries and other channels of communication then afforded. The Franklin Institute in Philadelphia, the speaker said, was the oldest American scientific institution.

He enumerated Rumford, Priestley and Franklin as shining lights in the pursuit of science.

Franklin died just before the arrival of Priestley in America, and his decease was a great blow to the distinguished discoverer of oxygen. Rumford, although oppressed by duty, was given to science. His greatest discoveries were made in Germany, but, on account of his birth and his sympathies, we claim him as an American. As for Priestley, his writings, marked with more originality than those of Rumford, are so stamped with interest in the affairs of our country, that in claiming him as an American we do but scant justice to his memory.

He continued, if oxygen is not an American discovery we have some right to claim it as such, inasmuch as England expelled its discoverer, and it was here that he found a refuge where he could resume his labors and continue his pursuit of chemical truths. His discovery of oxygen was the means of overthrowing the phlogistic theory of chemistry, of which he himself was the strongest advocate. As a logician and writer, Priestley stood preëminent. He next reviewed the subject of scientific foundations of prizes established in colleges for chemical treatises, and said that that of Rumford, at Harvard, was the first established in this country, whilst the Magellan, in Philadelphia, and Irving, in Cambridge, came next in order. He alluded to the progress of chemistry in the United States, and enumerated the dates at which the professorships for the teaching of that science were founded in the several colleges of the Union. Princeton College was the first to establish a separate chair of chemistry. Prior to its foundation other colleges had in their medical curricula united the study of chemical science with that of medicines. Other institutions followed the example of Princeton in the succeeding order: William and Mary, University of Pennsylvania, 1779; Columbia, 1800; Yale, 1803; Bowdoin, 1805; South Carolina, 1811; Dickinson, 1811; Brown, Dartmouth, 1830; Rutgers, 1830. He passed over in rapid review the works and discoveries of distinguished chemists in the earlier period of the nation's life, and paid a glowing tribute to the memory of Norton, Winthrop, Dexter, Gorham (Harvard), Rush, Hutchinson and Woodhouse, of Philadelphia. He alluded to the University of Virginia, where such men as Emmett, Rodgers, Smith, and Mallett had held professorships.

To the American Academy of Arts and Sciences at Boston, he said, chemistry was deeply indebted. The subject of chemical discoveries was then taken up, and a long description of the oxyhydrogen blow pipe discovered by Dr. Hare was given. Dr. Hare was far in advance of his time, deserving the name of discoverer as well as inventor, and richly meriting the Rumford medal bestowed upon him for his discovery. The speaker referred to other distinguished chemists, among them Lubert, Joseph Henry, Alex. Bache, J. W. Beuley, and W. C. Wells, to the latter of whom he paid a warm tribute. The scientific awakening in 1845 was next debated upon, the numerous discoveries and improvements made in the study of chemistry being alluded to, as well as the organization of the Smithsonian and other institutions of scientific research. On the subject of schools of science much was said, as upon the kindred subject of scientific lectures. Finally, he closed with a brief review of what the world owed to America in the field of chemical research, and recapitulated the discoveries and inventions made in this country within the last century.

At the conclusion of Professor Silliman's address a letter from Professor Barnard, of Columbia College, was read, explaining his absence.

A report from the Finance Committee was heard, and a motion for the devotion of the surplus funds in the treasury to the purchase of an album for pictures and photographs was adopted. Power was granted to the Philadelphia Committee to increase its number at pleasure.

At the close of proceedings the chemists assembled passed a vote of thanks to the Music Committee, Carriage Committee, and Board Committee, to Professors Coppee and H. Carington Bolton, and regrets that Professor Henry could not attend. An adjournment to August 1, 1974, was then made.

Health of Philadelphia.

Although great progress has been made in England during late years towards reducing the annual death-rate among urban populations, the mortality unquestionably still remains too high. Many authorities hold that with stringent hygienic regulations, better dwellings, more perfect drainage, and an unlimited supply of pure water, the death-rate in towns might be reduced nearly to the level of that existing in rural districts. This assertion appears fully borne out by the condition of Philadelphia, which is rapidly becoming the healthiest city in the United States. During the last week in June the rate of mortality was only 1.7 per thousand of the population, although that month is generally exceptionally unhealthy, owing to excessive heat. Many reasons are given for this immunity from disease. According to all accounts, the Quaker City is remarkable for cleanliness, and for the absence of those nuisances which pollute the air, especially during hot weather. But perhaps the most powerful cause of its healthiness is to be found in the fact that, while the houses are not crowded together, as in most towns, the average number of residents in each is comparatively small. Instead of living in wretched dens, and breathing an atmosphere vitiated by foul exhalations, the working classes in Philadelphia enjoy the advantage of comfortable dwellings, constructed with regard to sanitary requirements, and affording ample supplies of air and light. In London it is common to find large families inhabiting single apartments, without regard to the commonest considerations of decency. But in Philadelphia this demoralizing influence

would be viewed with horror by the lowest grades of the working classes. As might have been safely predicted, the possession of decent homes tends to raise the whole social condition of the poorer Philadelphians. The extreme cleanliness of their inhabitants is a constant subject of remark to European visitors, who attribute the fact to the influence still exercised over the community by memories of William Penn and other Quaker founders of the city. This influence gives many signs of its existence. Few people in the world are so careful as the Philadelphians, in regard to the quality of their food supply. Anything savoring of adulteration is at once rejected, and their notions of the degree of freshness in vegetables, fruit, meat, eggs, and butter are said to be almost ludicrously strict. Although the very poor cannot afford to ibe equally punctilious in regard to their nourish ment, the example set by the wealthier classes causes even them to display what would be deemed over-niceness by well-to-do workingmen in London. But perhaps the strongest proof of the beneficial influence still exercised by remembrance of Quaker ideas and practice is seen in the proud local boast that Philadelphia possesses more bathing rooms than any other city in the world. When will the metropolis of England be able to vaunt the same? —*London Globe.*

Items.

—Dr. T. R. Jennings, a prominent physician of Nashville, committed suicide at Narraganset Pier, Rhode Island, on the morning of Tuesday, the 7th inst. His niece, a daughter of Governor Wise, of Virginia, was with him at the Pier. Dr. Jennings was a son of Rev. Dr. Obadiah Jennings, formerly pastor of the First Church of Washington, Pa., and Moderator of the General Assembly in 1822. Dr. T. R. Jennings graduated at Washington College, Pa., in 1823, where also Hon. Henry A. Wise (afterwards his brother-in-law) graduated in 1825. He was for a long time a Professor in Nashville Medical College, and occupied the foremost rank in his profession. His act was due to some mental hallucination.

—On Sunday morning Dr. John Washington, of Elizabeth, was found dead in his office at No. 48 Cortlandt street, New York. He was over eighty years old, and leaves a large estate. His real name was John Henry August Van Reichten, but by an act of the Legislature, in 1874, it was changed to John Washington. Some years ago the Doctor lost his only son, to whom he was tenderly attached. He built a vault in Evergreen Cemetery, with a kind of chapel in it, with reading desk and seats and suspended lamp. He was an eccentric person, given greatly to suits at law, and paying large sums to his counsel.

—Dr. Lewis Janes, of Swanton Centre, died on Sunday, aged nearly 79. He was an old resident, a good physician, and a highly esteemed citizen.

—The English medical journals come to us laden with the arrangements for the meeting of the British Medical Association. Shortly they will teem with the sayings and doings of this body.

OBITUARY.

GEORGE FABYAN, M. D.,

Of Boston, Mass.

When a good man dies, there is an instinctive wish to preserve, for the improvement of those who are left behind, whatever is excellent, and especially if it be of a practical character.

We first became acquainted with him in 1832. He was then a young man, a student of medicine, and was studying with one of the most eminent surgeons of Maine. He obtained his diploma at the Medical College in Brunswick. During his studentship he came under the influence of religion; indeed, it may be said he was always seriously impressed, but at this time (In 1832) we received him into the Methodist Episcopal Church in Portland. He subsequently became a member of the Hanover Street Church, Boston, of which we happened to be pastor at the time. We think it may be said of him that religious convictions, even of the higher type, always controlled him. He was a man of much modesty in all his professions, but in his household he maintained an unusual kindly but controlling influence, and has left his impress upon every member of the family, so that in each relation, as a father and husband, every duty seemed perfected, every obligation met.

As a physician he stood well up in his class. Careful, thorough in his investigations, perpetually watchful, never hazardous, he was successful beyond many of his peers. His presence was charming, always cheerful, and the chamber of the sick was kept to a degree cloudless, while by his gracious manner the confidence of his patients was secured.

Dr. F. was a man of sterling integrity. As a Christian, among his brethren he always took distinguished rank. A large circle of Christian friends will long remember him. The poor were never neglected by him; he sought them, as few physicians of his day, and his care of them was equal to that extended to those who compensated his labors.

So far as death may be robbed of its terrors and forbidding surroundings, his last hours were delightful. He was 65 years of age, and from apparent good health was suddenly prostrated, and sick for only a few days; but he seemed well prepared for the event. He had conversed upon the topic with intimate friends, and had admonished them, as well as himself, how suddenly they each might be called. So prostrating was the disease that he could scarcely converse with any one; but he expressed his pleasure that he was the first to go from the circle of his household, and gave them the assurance that he was not unapprised of what was coming. Though he could utter but few words, yet these were full of thoughtfulness and interest for all around him. After slumbering, at one time, he aroused gently, and distinctly whispered, "Sleeping in Jesus." The conversations with his wife and children left only the most pleasurable views of the past and the future, and he leaves for his friends, and especially to his bereaved family, the legacy of an upright and successful life, and a precious death.—*C. in Zion's Herald.*

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

THE DIGNITY OF THE PROFESSION.

We are painfully aware that the medical profession does not hold that place in the public esteem to which the learning and scientific attainments of many of its members entitle it. It takes the lowest rank of the learned professions, and yet it numbers among its brotherhood some of the most brilliant minds of the past and the present. Its aims and duties are in closest connection with the most precious of earthly possessions, life. Although medical skill and science are often called upon to aid in determining the truth of the most difficult and intricate of lawsuits, yet, unlike the law, its services are never required to the perversion of truth, or to the injury of mankind. Distress and suffering bring the doctor and the clergyman together, at many a bedside, and, in ancient times the two vocations were blended in one person, often a worthy follower of him ceeded to examine the nature and extent of his wound. The anodyne and stimulant conjoined soon revived his pulse and gave a feeling of warmth to the extremities, which had been previously cold as death itself, and also sent a renewed ray of vitality throughout the whole system. Parenthetically, I would say, that I regard "opium," and its various preparations, the alkaloids, as the very best stimulants we have at our command in cases of exhaustion, especially those arising from any kind of hemorrhage, except the loss of blood inside the cranium. The effects last so much longer, and are so diffuse and soothing, giving new vitality to the system gener-

"filthy lucre," it is the meanest of all vocations. The increasing tendency towards a cheapening of the profession, by introducing into it an element of trade or barter, is a matter of grave scandal to all regular practitioners, and is regarded with keen displeasure by the learned and liberal physicians everywhere.

Men seek their level; and there are, unfortunately, in the ranks, those who do not recognize for medicine any loftier aim than the successful barter of its drugs. They know nothing of science, and consider their judgment of less value than their jalap. They pit themselves one against the other, in the race after disreputable and unprofitable contracts; often resorting to devices from which all honorable men should stand far aloof. They strive, scheme, and intrigue, until they sink to their proper place, and in their degradation involve the profession, by introducing an element of finesse, or one-sidedness, calculated to lower that high tone which should be characteristic of the noble profession of medicine at the present day.

The contract system, besides being a great wrong to the helpless poor, is a still more serious injury to the regular practitioners. It is one of the many attempts of the public to cheat the profession of legitimate fees. There is no semblance of equity in expecting physicians to doctor the poor at less rates than they do the rich. It is worth much more to make a professional visit upon the pauper, than upon the millionaire. The physician enters the rich man's pleasant apartment, takes an easy chair, helps himself from the well filled fruit basket, or perhaps indulges in a choice cigar, converses awhile agreeably, writes a prescription, and

bids his patient "good morning," cheerfully reflecting that with such comfortable surroundings and excellent nursing Mr. A. will soon recover. He visits the pauper. With painful repugnance he enters a squalid hovel; perhaps the patient is entirely alone, or worse still, the room may be packed with childreu, clamoring for the food that the house does not contain The honorable physician cannot leave a prescription here, and take his departure. He must administer medicine to the sufferer, and see that the children have food; and to our knowledge, it is no unusual thing for the learned, scientific physician, to even make the cup of tea or the broth that will, often, do more towards effecting a cure than a whole pharmacopœia of drugs.

One of two things is inevitable; either the poor physician is not half remunerated for his labor, or, from his hurried visits and cheap drugs, the poor must suffer. Either condition of things is an injustice, which calls aloud for redress. Finally, the contract system is a low device for plundering medical practitioners. It is miserably unremunerative. a species of slavery, where there is not even self respect to gild the chains. A system by which the doctors are not only swindled, but laughed at, and in which professional rivalries are made the sport of the illiterate and petty; and yet many are eager to obtain contracts, which, if they were now for the first time proposed to the profession, would be denounced, with one voice, as immoral and degrading. If such conduct is compatible with high professional position and honor, we can only say that the code of medical ethics must be miserably defective.

The remedy for this condition of things is careful, deliberate, and public discussion of disputed points, carrying the weight of the practical experience and laborious study of men of high reputation in the science to which they devote their lives, and in a strict enforcement of the code. The better class of practitioners have, heretofore, too often, shown their feeling by standing aloof. From time to time there has appeared in the journals some record of attempt at united action, by the practitioners of a locality, or some faint protest at a medical meeting. We hope the profession will give more practical expression to its feeling in the future, by its attitude toward offenders against professional propriety. It is the right of each individual to be, and to do, all that he honestly can, and he is the proper judge of those actions that concern him alone, but when the rights of others are involved, there must be some standard rules or laws for government. There must, also, be some efficient and crucial means of excluding from the ranks all those who, by cheapening and degrading themselves, reflect dishonor on the profession. Hence the necessity for a code of ethics. Confucius sagely remarks, "all wisdom is valueless, unless directly applied to human affairs," and that philosophy must, to do us any good, give us counsels and rules for our guidance.

The American Medical Association has a most admirable code of ethics, but it appears to be, like a bridal veil, laid carefully away. to be taken out and gazed at ceremoniously, on rare occasions, but seldom put to any practical use. The profession can never hope to obtain the public respect, until it insists upon a strict enforcement of the code, and thoroughly eliminates from its ranks all those who would degrade it by evincing a disregard of the proprieties of professional etiquette. State and county societies should see that the laws are enforced, and should refuse to acknowledge as a professional equal any one who disobeys or disregards them. A prominent medical journal says, "When a physician is guilty of unethical conduct, he should be arraigned before his county society, if a member; and if not, he should be judged by the community in which he lives. And every community ought. in justice to themselves and their physicians, whether they be members of a society or not, to inform themselves of the principles of medical ethics; the same being as important for the maintenance of that faith and respect due a family physician, as the principles of common law are to their pecuniary or social interest."

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sult. And in intermittents the poison ferments and accumulates till it has obtained control over the nervous system to a certain extent, and getting control to that extent favors spontaneous combustion, which combustion is miasmatic destruction, and that combustion is manifested to the observer by a chill, which chill is a result of nervous depression and shock. If the miasm were not destroyed during the chill, there is no reason why the chill, once having been established, should ever cease without some medicinal or other interference interposing. During the chill, the vital spark, or life itself, is energized to the last extremity to gain the ascendency over this shock, the shock being a direct tendency to death. After this combustion has [illegible] sufficient of the poi-

Clinton, Iowa, July 1, 1874.

DANGEROUS ABDOMINAL WOUND.

BY THEO. A. DARGAN, M. D.,
Of Darlington, S. C.

On the 10th of last November (1873), about 2 o'clock at night, I was hastily summoned to visit some negro quarters, about four miles from town, as there had been a regular "free fight," with dangerous weapons, and some two or three of the combatants were reported dangerously if not fatally wounded. As I was quite unwell at the time, I politely declined this nocturnal visit, and referred them to some other physician; but as they could not get one, they declined making any further effort for medical assistance during that night. The next morning at ten o'clock they hauled in a horse cart, over a rough road, one of the wounded. He was evidently very weak, and completely exhausted from loss of blood, etc. As he had no pulse, and seemed in much pain, I gave him ½ gr. morphine and a tumblerful of good, strong whisky, before I proceeded to examine the nature and extent of his wound. The anodyne and stimulant conjoined soon revived his pulse and gave a feeling of warmth to the extremities, which had been previously cold as death itself, and also sent a renewed ray of vitality throughout the whole system. Parenthetically, I would say, that I regard "opium," and its various preparations, the alkaloids, as the very best stimulants we have at our command in cases of exhaustion, especially those arising from any kind of hemorrhage, except the loss of blood inside the cranium. The effects last so much longer, and are so diffuse and soothing, giving new vitality to the system generally, where the brain is not complicated; whereas, alcohol is very evanescent, and sometimes very irritating in its effects

After my patient was revived and more comfortable, I proceeded to examine his wound, and found he had received a cut about five inches in length, between the two last false ribs on the left side, and the whole of the "pancreas," extruded from its natural position, was lying out on the external parietes of the abdomen It had bled much, and was still bleeding freely, but how much internally I could not tell, except from the state of the pulse and general weakness, which was so great as to render the patient almost moribund.

This organ, we know, is very vascular, though not regarded, strictly speaking, as a vital organ. Under such circumstances it is wonderful this man had not bled to death, or died from subsequent inflammation. The pancreas lay exposed for fourteen hours, and the man was brought over a rough road, five miles, in his dangerous condition. The organ itself I do not think was wounded, or he must have bled to death. After giving him a grain more of morphine, I increased the incision an inch and a half or two inches, and gradually manipulating this very vascular organ (it bleeding freely all the time, in spite of my gentleness), having him suddenly turned on his right side, I had the satisfaction of finding it slip back into its natural position in the abdomen.

I immediately closed the long and ugly gash with interrupted sutures, applied adhesive strips, put a large compress over the wound, which I had kept constantly wet with cold water, emptied the lower bowels with enemas, put patient on "absolute" diet, made him lie on the right side, kept him constantly under influence of anodyne, and gave little more stimulants. In one month's time he was quite well, and resumed his usual avocation. He had but one short attack of irritative fever during his case.

WHY IS DISEASE PRODUCED BY MALARIAL POISON INTERMITTENT?

Read before the Linn County (Oregon) Medical Association, June 2d, 1874.

BY J. LINSEY HILL, M. D.

GENTLEMEN:—Until quite recently miasm proper, or the actual element necessary to the production of miasmatic diseases was, I think, very imperfectly understood, and I also consider it very insufficiently understood even at the

present day; but there is an approximation to a more positive knowledge of the facts, as presented by Dr. J. H. Saulsbury. Writers heretofore, until about the year 1866, at which time Dr. Saulsbury presented his theory, were accustomed to attribute the cause of intermittents to a contaminated atmosphere, or an atmosphere impregnated with malaria poison, and here the reader was left to conjecture and speculate in his mind as to what that miasm was. But Dr. Saulsbury, by a process of reasoning and experiment together, arrived at a few rational conclusions that appear to receive the approbation of investigators of this subject generally, as having at least a tendency in the right direction, that will ultimately develop the facts indisputably. The investigations above alluded to are too well understood by every member present to need rehearsing by me, any further than as references from time to time, to assist in sustaining the theory which I believe to be correct as to the action of miasmatic poison on the human system, in the production of ordinary ague.

In these investigations the doctor found the producing cause of intermittents to be a fungus growth, that appeared to be matured and brought into activity by certain cryptogamic plants, and that the warm rays of a morning's sun would disperse or cause the virus to evaporate and ascend a certain distance from the earth's surface, to be held in suspension till the cool of evening, when it would again descend.

Granting it to be true, which I contend facts demonstrate, that miasm is of a fungoid nature, capable of growth and increase out of the system, after the germ necessary to the formation of such product is once given, I am, from this, and other reasons that will appear presently, led to the conviction that when the nidus is formed within the system, no matter how small the amount of virus necessary to the formation of that nidus, other conditions favoring its growth, the growth will be set up within the system just as it is without, and eventually the system will become as thoroughly impregnated with malarial poison from this small germ, as if the amount absorbed originally had been much greater.

If the growth of malaria, evidently indigenous to marshy districts and localities where vegetable decomposition is abundant, is not also very much favored by being deposited in the system, why should an individual on moving from a malarial locality to a locality free from

can, and he is the proper judge of those actions that concern him alone, but when the rights of others are involved, there must be some standard rules or laws for government. There must, also, be some efficient and crucial means of excluding from the ranks all those who, by cheapening and degrading themselves, reflect dishonor on the profession. Hence the necessity for a code of ethics. Confucius sagely remarks, "all wisdom is valueless, unless directly applied to human affairs," and that philosophy must, to do us any good, give us counsels and rules for our guidance.

The American Medical Association has a most admirable code of ethics, but it appears to be, like a bridal veil, laid carefully away, to be "solution." The human organism acted, evidently, as a fertilizer to the poisoned seed deposited in it, and steadily the growth continued to progress until it became of sufficient magnitude to produce the disease in question.

When this miasmatic poison has once gained admittance into the system, if there is not sufficient vitality or nervous resistance to expel the poison from the system, it will continue to accumulate, not necessarily from an external source, as was in the first place, but by a process of fermentation or growth, the virus originally absorbed acting only as a nucleus, to impel greater fermentation. The baker, in order to prepare a large quantity of yeast, only needs a very small quantity to start on, which only acts as a nucleus, when properly combined with flour, etc., to manufacture the required quantity, dissimilar in no respect from the original.

If the theory of spinal congestion during the paroxysm, or cold stage of intermittent, is correct, it is but reasonable to suppose that a definite amount of this poison is required in proportion to nervous resistance contained in each person so affected, to produce the disease, some requiring more poison than others, and when that amount once exists in the system the result is a chill, and that chill is the external evidence, or symptom, of malarial combustion. (I do not use combustion here in the strict sense of the word, but wish to apply it to self-destruction, from whatever cause it may be brought about.)

To illustrate: we are informed that sheep's wool, when stored away in large quantities, and left undisturbed by handling or otherwise, will increase in actual weight, and in time spontaneous combustion has been known to be the re-

sult. And in intermittents the poison ferments and accumulates till it has obtained control over the nervous system to a certain extent, and getting control to that extent favors spontaneous combustion, which combustion is miasmatic destruction, and that combustion is manifested to the observer by a chill, which chill is a result of nervous depression and shock. If the miasm were not destroyed during the chill, there is no reason why the chill, once having been established, should ever cease without some medicinal or other interference interposing. During the chill, the vital spark, or life itself, is energized to the last extremity to gain the ascendency over this shock, the shock being a direct tendency to death. After this combustion has continued a length of time, sufficient of the poison in the system has consumed itself to allow nature once more to overcome the shock, and stop the further destruction of this poisonous material.

The fever following, I understand to be a powerful reaction of the system from the shock received, but as the cause of fevers is not the subject of my attention at present, I will desist further notice of it; you will understand that I do not wish to imply that all fevers are sustained in this way, but only such as immediately follow the chill.

This idea of malarial destruction during the shivering stage may seem a little vague, but I arrive at such conclusion,

First. From the cause above alluded to, viz., that the chill, having once been established, would not cease, without the interposition of some artificial means, were it not that combustion and consequent destruction of the virus took place.

Second. That every substance capable of growth and increase in quantity requires a definite length of time, with surrounding circumstances favoring, according to the nature of the substance, to mature. And it takes this fungus growth called malaria a certain length of time to develop after gaining access into the human system, according to the quantity of poison absorbed, and the condition of the system at the time and subsequent to the time of its absorption; the time allotted to it for growth and maturity, after the first chill, ordinarily being twenty-four, forty-eight, or seventy-two hours; and it is as prompt in yielding its harvest at the appointed hour as the bud of the cherry tree is to burst forth and produce a bloom at a stated month each succeeding year, or to produce a luscious ripe berry at a certain other stated month.

It is true that the malarial germ, if small when first imbedded in the system, and the power of resistance of the system great, may not develop sufficiently to produce the first chill for days or weeks, but after the first has been produced there is a definite amount of the combustible material remaining in the system after the nervous force of the individual attacked has gained the ascendency and overcome the chill, thereby putting a positive stop to the further destruction of the malarial virus, and that remaining amount of malaria, after the cessation of each chill, being definite in quantity, and the power of resistance from such attacks being definite, according to the individual attacked, the malarial virus being capable of growth will also require a definite length of time to again coerce the system, etc.

If this theory of growth and self-destruction is incorrect, why is it that no other poisonous agent, among the many known to produce and reproduce the various forms of human disease and suffering, except miasmatic poison, has the power of inducing disease with definite periodicity as to time of attack and subsidence, leaving the patient enjoying apparent health in the interval?

When the receiver in a steam engine is filled to its utmost capacity with steam, and there is still a demand for the entrance of more steam, the only way to comply with the demand is to discharge a portion of the steam contained within, and in order that this may be accomplished the machinist arranges a valve that will give way and permit an escape of the greater portion of steam within, but no sooner has the valve resumed its original position than the steam again begins to accumulate, and a repetition of the former movement must take place, and so on, the interval of rest, or incubation, if such expression is admissible, and the time required for the valve to perform its labor, being definite. Just so with ordinary ague. When the poison has accumulated to a certain extent, and continuing to accumulate, it is necessary that a portion of it should be expelled, otherwise the life of the patient must succumb, and as the whole system is impregnated with it, there can be no direct valve for escapement, like that of the steam receiver, or an over-distended stomach, or an unnatural accu-

mulation in the intestinal canal, and in lieu of this, spontaneous combustion is nature's dernier remedy.

There is a certain kind, or class of chills, followed by fever, perspiration, etc., that recur with as exact periodicity as that occurring in consequence of, and at the time when, the system is saturated with malarial poison, yet, in this class the system may be entirely free from malaria at the time this periodical ailment is in progress. To wit: chronic ague. The opinion that there may be freedom from malarial poison and chronic ague still exist may not be sanctioned generally by the profession, but the failure of quinia, and other anti-malarial remedies, to overcome the periodical habit, I think, warrants the assertion of the non-existence of this peculiar poison.' This may seem contradictory to the assertion above made, that no other poison is capable of producing disease with definite periodicity except malaria, but to be explicit on this point, I will express an opinion that the primordial cause of chronic ague is malaria. That the primary chills are always the result of malaria, and that in course of time, if they are not arrested by the use of anti-malarial means, the system becomes devitalized, the blood impoverished, and a habit of chilling at a certain hour of the day established; and after the poison, or original cause, has been removed there is *not* a cessation of the trouble, neither will there be till the condition of system referred to is changed by building up the powers of life to their former healthful standard, and then we may expect nature to be adequate to the task of overcoming the habit of chilling.

An individual may habituate himself to awaking from his quiet slumber at a certain time during the night or morning, and at the appointed time, when the hand of the clock indicates the minute, he arouses, with no known cause to prompt it except habit. It is the custom of some, who do all things by rule, to have a certain time of day to evacuate the bowels, and in a remarkably short time the habit is so thoroughly established that nature itself appeals to the system to remove the accumulation at that hour.

If the system can be so accurately governed by other habits, why not by that of chronic intermittents?

(During the discussion of the above, among other questions, a member of the society asked the writer the following: If combustion ceases with the cessation of the chill, and the fever following is excessive reaction, why is it that bilious remittent fever is ushered in with a chill, and the fever following continues to the termination of the disease without a recurrence of the chill? The answer was, that the necessary tendency of malaria was to produce intermittents, and that it would never produce disease of any other type where there were no obstructions, or other conditions of system to interfere with its action. That malarial combustion produced the chill at the onset of remittent fever, and excessive reaction produced the fever and the system being previously deranged by biliary, or other causes, the fever continued as a consequence of such derangement. That had such derangement not existed, the fever would have been ordinary intermittent.)

ABSCESS OF THE LIVER CURED BY INCISION AND PARACENTESIS.

BY JOHN B. C. GAZZO, M. D.,

Of La Fourche, La.

The following case of hepatic abscess, entered in April, this present year, in my clinical case-book, is sufficiently important to deserve publicity, respecting the operation and treatment adopted in this form of hepatic disease.

Mr. Louis Robicheau, the patient, complained of fixed pain in the right superior portion of the umbilical region; his bowels were constipated; countenance yellow; spirits depressed; anorexia; pulse 90; evident enlargement of the liver, with paucity or temporary stop of bile from the hepatic and cystic ducts entering the duodenum.

On my first visit I prescribed the following preparations:—

℞.	Ext. chiretta.	ʒij.
	Pil. hydrargyri, U. S. P.	ʒss.

Divided into thirty pills, of which two, three times a day, was the dose, and in conjunction the following mixture:—

℞.	Potass. chlorat.	ʒij.
	Acidi hydrochlorici fort	gtt.xx.
	Acidi nitrici dilut.	fʒiij.
	Aqua distil.	fʒxxiv.

Every two or three hours two tablespoonfuls.

Under this plan he quickly improved, and re-

mained well until after three weeks, when the fixed pain returned; being called at this time in another locality, he was again treated by bleeding, etc., and, as before, without benefit. On my return home I gave him ox gall, cinchona sulph. and blue mass pills; consequently at that period he became greatly relieved. From that time it appears that during two weeks he suffered a severe relapse with serious pain in the abdominal parietes, which had become more tense and permanent in the locality of the spinous process of the ilium. The superficial swelling was apparent. I made a topical incision of three inches upon the most prominent part of the swelling, down to the peritoneum, then filled the wound with lint, to insure the adhesion of the liver to the abdominal parietes, and aid the progress of the matter to the surface by means of this incision before attempting paracentesis, on the third day after the first operation. With this view Dr. Henry H. Smith, of Philadelphia, in his "System of Operative Surgery," "considers it important to give immediate issue to the pus or matter, by puncture, and regards this as an important agent." This is much to be preferred in reducing in this active state, and has a doubly beneficial action, inasmuch as by the inflammation excited there is an increase of pus, and this secretion takes place more promptly and naturally. We then opened the hepatic abscess with a large trocar, without any effusion into the neighboring tissue, and drew off six pounds of fetid pus. At each dressing, for three days three pounds of pus escaped, but after that time the discharge gradually diminished, and at the end of two months Mr. Louis Robicheau had completely recovered. I calculated that in all at least twenty five pints of matter must have been discharged. The treatment after the evacuation of the abscess was tonic and alterative.

The function of the liver, after the operation, was restored by advising him to take two raw eggs, both yolk and white, in a wine-glass of cold water or white wine, and to repeat the dose with one egg every three hours during the day, to be continued for three days. Bernard's experiment, showing that albumen is assimilable only through the intervention of the hepatic function, suggested to me the idea that in raw eggs we might find an adequate excitant cholagogue for the liver.

A peculiar irritability of the stomach is frequently observed in hepatic cases, which are associated with an increased secretion of gastric fluid into the stomach, for which the most efficient remedy is fifteen grains of carbonate of soda, to act on the stomach, and fifteen of bitart. potass., (to neutralize the hepatic secretion.) in three ounces of cold water. In the above affection the patient complained not so much of constipation of the bowels as a difficulty in passing dark green bile, attended by smarting within the rectum. The remedy for this simplest form of congestion of the liver has been blue pill and taraxacum mixture, or ten grains of calomel, followed by salts and senna.

INFANTILE MALARIAL TOXÆMIA.

BY JOEL C. HALL, M. D.,
Of Deer Creek, Miss.

The diagnosis of masked intermittents is frequently attended with much difficulty, particularly when the usual symptoms of intermittent fever are absent, and the symptoms of some other affection familiar to the practitioner are present. As the success of treatment hinges upon the accuracy of the diagnosis, I desire to call attention to a form of malarial poisoning, occurring in the early period of life, of much importance to correctly appreciate, which is often erroneously diagnosticated as cholera infantum, vermes, or dentition. Writers upon the practice of medicine have not, hitherto, so far as I know, described the variety of malarial poisoning under consideration, although Prof. Flint has beautifully and tersely described many of the symptoms pertaining to this class of cases. He says: "The appetite is impaired or lost; there may be nausea and occasional vomiting * * * * indisposition to exertion, etc. The tongue is frequently covered with a thin and very white coating. A close examination will sometimes disclose evidence of periodicity in an increase of ailments at regular periods, on successive days and slight manifestations of the several stages of a paroxysm may be observed. The prompt relief afforded by treatment addressed to a suspected malarious condition, shows the correctness of the suspicion, and this treatment may be resorted to tentatively in cases of doubt." Now add to this the following ensemble of symptoms, and the diagnosis is cleared without difficulty. There is rarely either a cold or hot stage. The tongue wears a white coating, through which the papillæ project in

many cases, giving a strawberry appearance. The chief symptom is looseness of the bowels; a colliquative diarrhœa of two or three days' duration, more aggravated at one period in the twenty-four hours than another, particularly in the afternoon, thus establishing the periodicity of the affection, marks its outset and progress The discharges are characterized by an offensive odor, and may be frequent, copious, lienteric and watery. I have often observed in this class of patients a condition closely resembling Asiatic cholera. Vomiting is rarely present, except at the hour of periodic return of the paroxysm. In a certain proportion of cases observed the past year, it was absent altogether. The skin is usually cool, and bathed with perspiration, while the palms of the hands and soles of the feet, as if offering an exception to this rule, are often dry and hot. The pulse is soft but frequent, showing moderate increase of the heart's action. The temperature in the axilla rarely rises above 100° or 101°. The mind remains clear. There is little or no tendency to drowsiness or stupor. Rapid sinking, difficult to combat, often sets in with the aggravation of the diarrhœa accompanying the paroxysm. It is important to note the fact that these paroxysms are so obscure that they are only marked by an aggravation of the abdominal affection, to wit, the diarrhœa, which is kept up in the apyrexia in a modified form, unattended with tenderness or tympanitis. Worms may or may not be present; when present, they have little or no pathological importance, being merely accidentally present, and are not to be regarded as factors in the causation of the disease. Their removal does not sensibly ameliorate the sufferings of the little patient, or avert the tendency to death by asthenia. The same may be said of dentition; many cases occur without the coincidence of dentition. When the gums are swollen, free lancing to the rising tooth may relieve some of the symptoms, but never cures the patient. Treatment must be addressed to the malarious condition underlying and causing the disease. Should the disease not terminate fatally in the first few days, great emaciation follows, accompanied with a herpetic eruption behind the ears and over the hairy scalp.

Treatment.—Astringents to check the diarrhœa; stimulants to prevent sinking; quinine to arrest periodicity; flannel clothing to be worn next to the skin (even in midsummer), etc. Quinine, in antiperiodic doses, should be given from the time the patient comes under observation until recovery. I have derived much benefit from the administration of calomel and bicarbonate of soda in small doses, to correct the diarrhœa; giving at the same time some mild opiate, such as tinct. opii. camph.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

(Clinic of Prof. Da Costa.)

REPORTED BY LEWIS S. GORIBAR,

Student at Jefferson Medical College.

Case of Leucocythemia.

Gentlemen:—I will have the pleasure, to-day, of presenting to you some very interesting and instructive cases, and I first bring before you the following:—

Emma S., aged forty years. The first thing that strikes your attention is her extreme paleness, and next a large abdominal tumor, which has been proved to be, on a former occasion, an enormously enlarged spleen. It seems to be a fibroid or hypertrophied condition of the organ. In this case there has been a complete absence of fever. She complains of some headache and some deafness, and although she has been for some time in the hospital, has not improved in strength. Her pulse is 72; tongue is clean; bowels are constipated, and are not relieved, unless by medicines. Her appetite is less capricious than hitherto. When she first came to the hospital, her hunger was insatiable. She thinks she is as hungry as she used to be, but the nurses do not think so, and we are inclined rather to the latter opinion. Her blood has been most carefully examined under the microscope. A drop of blood was taken from the middle finger, and five observations were made, which are as follows:—

1st observation, red corpuscles		68,	to white	60.
2d	"	"	121,	"	48.
3d	"	"	124,	"	34.
4th	"	"	88,	"	55.
5th	"	"	128,	"	54.
	Total,		529,		251.

This, as you see, is a very abnormal state of affairs, the proportion of the red corpuscles to the white being about two to one, while in health, as you are aware, there is one white to about four hundred red.

Diagnosis.—Leucocythemia, or white cell blood, a disease in which we find the blood-glands affected and very often the lymphatic glands too, which is not so in this case, this being pure splenic leukæmia. Why does she feel that enormous or ravenous appetite? It is due to the white-corpuscular condition of the

blood. Gastro-intestinal disorder is very common in this disease.

The next question that arises is: What shall be our treatment? Under the use of ergotine hypodermically, the abdominal tumor has been diminished, but owing to the irritating effect of this substance, we have been compelled to discontinue its use, therefore, the cure has not been complete. We will now commence the use of iodine hypodermically, the preparation of which is according to the following formula:—

R.	Iodinii,	gr.xxiv	
	Glycerinæ,	fl.℥xij	
	Aquæ,	fl.℥iv.	M.

Sig. From ten to twelve minims injected hypodermically every day. She is also taking the mineral acids, and although she cannot tolerate the use of iron very well, we will try it by inhalations:—

R.	Tart. of iron and potass.,	gr.ij	
	Aquæ,	fl.℥j.	M.

Sig. To be used with the atomizer.

Editorial Department.

Periscope.

The Condition of "Impaired Vitality" in Women.

The following important article is from the pen of Dr. A. S. Myrtle, in the *Medical Press and Circular*, May 8th, 1874:—

We find sometimes a rapid, at other times a gradual waning of corporeal power and efficiency, a declension of mental vigor and elasticity, rendering the individual totally unequal to the performance of the most ordinary duties of life, and causing the very functions necessary to life to feel burdensome, so that even sleep, the great restorative, the elixir vitæ of the weary, proves exhaustive and depressing. Notwithstanding all this, we may look in vain for any visible symptom of unhealth. The body presents its usual condition, may be well nourished, even plump, the complexion clear, eye bright, voice strong, the functions of circulation and respiration undisturbed, sleep natural, no sign of indigestion; meat and drink of every variety can be taken in any quantity, and as often as they are offered, the patients being ashamed of their capacities in this respect, especially as they are wont to remark that all they devour seems to do them no good.

The various secretions are unaffected, bowels regular, urine neither scanty nor in excess; same with catamenia; the tongue, pulse, temperature, are all provokingly natural, and on the most painstaking inspection one cannot place the finger on any loose screw in the fabric, and yet walking, talking, driving, reading, thinking, even in the mildest shape, cannot be borne, and the very society of those who can indulge and enjoy such natural exercises is found to be too much for the invalid, in whom often the rustle of a silk dress, the ringing of a bell, the opening and shutting of a door, may occasion attacks of palpitation or a sense of faintness. We not unfrequently find that a kind word of inquiry grates upon the ear, the presence of the nearest and dearest friend causes a feeling of annoyance, the reception of a common-place letter proves a source of apprehension, the writing of the shortest note a task of insurmountable difficulty, and the mere performance of the most ordinary toilet-work sufficient for the day. This is no overdrawn picture. Moreover, this helpless condition remains very much the same for months—years; there are no ups and downs, no nerve storms, no substitution of one group of symptoms for another; nothing like periodicity; even climatic changes, powerful enough to influence most people for good or evil, whether well or ill, make little or no impression here; summer and winter are all the same, one place is quite as bad as another, and what is worst of all, medical treatment in the majority of cases becomes nothing but a rope of sand, and the patient, in spite of everything, remains as weak as an infant. This is no case of playing the old soldier, where the patient, unable to put a foot to the ground today, walks with comfort three or four hours tomorrow; in an agony of pain at noon, gasping for breath while in a state of rest, is to be found full of life and go in the ball room, after midnight, exhibiting, no sign of distress after the maddest of gallops. I have often tried to tempt those suffering as I have portrayed with invitations to all sorts of amusements, such as they were wont to enjoy, and such as the hysterical would jump at, and the invariable response has been, "I should like it exceedingly, but I am not equal to it." With this marked physical weakness we may be prepared to find the mental faculties exhibiting similar loss of tone, and so it is. But what has struck me particularly is that the moral nature remains unchanged: the temper is unsoured, we have none of that selfishness, peevishness, or capriciousness, no desire to exaggerate or dwell on one's own ailments, so common to hysteria and hypochondriasis; there is no disposition to indulge in fancies, no likes or dislikes, no wish to be made much of; more frequently a con-

sidereateness for the comfort of others and a feeling of regret that present weakness should occasion them so much trouble and anxiety.

The subjects of this impaired state of vitality have, as far as my experience goes, been invariably females, for the most part of good position in society, possessing an average amount of physical strength, and presenting neither mental nor moral peculiarities, hereditary or acquired; in fact, they were just the kind of women one likes to meet with—sensible, not over sensitive or emotional, exhibiting a proper amount of interest in all that concerned them, and a willingness to perform their share of work quietly and to the best of their ability. There has been no history of blighted affection, no indulgence in any form of religious fanaticism. Suddenly a great shock comes; it may have been the death of parent or child; or there is a history of over-taxed strength from excessive traveling, sight-seeing, long fasting, exposure to great heat, protracted watching by the sick bed; or there has been a period of great anxiety and suspense; and sometimes almost instantaneously, at other times slowly, but very perceptibly, when the evil influence terminates, we have that condition of asthenia established, the symptoms of which I have just enumerated. I think we need not dwell on the seat of this form of enervation; in all probability we have partial paresis of certain portions of the sympathetic nerve, and its wide-spread ramifications, but what the actual state of the nerve fibres or cells may be, or whether there is an accompanying anæmic or hyperæmic condition of their vessels, it is impossible to say; what we want to arrive at is, how can we best remedy the mischief? I wish I could speak encouragingly on this point, but I cannot. Direct medication can only be of use indirectly. I have given every kind of tonic, even tried galvanism and found them all very much alike, equally disappointing. One thing I can say is actually hurtful, and that is frequent change of residence; that involves journeys, than which nothing is more trying. I have seen many cases sent to this place or that, for what is called change of air, for a month or so, never recover the fatigue of the journey, and leave at the end of their term in a more exhausted state than when they started from home. The plan of treatment I have found most beneficial is, first of all, to make the patient and her friends understand the state of utter debility she has drifted into; that in spite of a total absence of the usual outward signs of bad health, in spite of an immunity from every sort of pain, she and they must be taught that somehow the mainspring of life has got weakened; that the nerves over which she has no control, those nerves which superintend the entire movements and changes which are continually going on in the living body, have lost their tone, and that while this lasts all the patient has to do is to save her strength in every way, to add to it in every way, to become for the time being an infant, and do nothing but eat, drink, and sleep. The best mode of exercise of an active kind is to be found within the folding doors of a Bath chair. The best amusement is to look out of a window and watch the passers to and fro. All excitement must be avoided, and when the time comes that the patient feels a little better, a little stronger then it is we must be on our guard, else a little walk, a little reading or writing, if indulged in, may throw the case back for months Plain nourishing food is to be given regularly, and during the night as well as day; stimulants in moderation and always with food, never alone; as for medical treatment, the simpler the better: something is advisable by way of giving the mind a veritable staff to rest upon so that Faith and Hope may be summoned to our aid, and made to show their silent power for the good of the body as well as the soul.

The Treatment of Varicose Ulcer by Local Depletion.

Charles W. Hamilton, L.R.C.S.I., Medical Officer of Louisburgh Dispensary District, writes to the *Medical Press and Circular*:—

Mr. D., æt. fifty, a Scotch steward, of healthy appearance, consulted me about his leg in December last (a lady of rank in this country having recommended him to place himself under my care). The history of the case was as follows: The entire leg was in an exceedingly varicosed condition, varicose pouches occupying the entire anterior surface of leg and thigh; an ulcer the size of a shilling was on the skin, the centre of which touched the anterior part of the tibia. When I saw him the entire leg was exceedingly inflamed, with a deep-seated and severe pain about the seat of ulcer: the latter was of an indolent type, with a hard edge and excavated centre, touching the bone, the latter symptoms being referable to his active habits of life. The ulcer he had had for a period of nine or ten years, and during all that period it never had healed. He was treated in the usual way, viz., the sulphate of magnesia in mixture, with rest, which soon removed the painful symptoms, and the use of the bandage soon reduced the limb to its normal size. The treatment was now directed to the broken surface, the hard edge of which was removed in due time by lunar caustic, and the parts about the ulcer were daily strapped, after Baynton's method. He had been now five weeks under treatment; the ulcer had got smaller, and the edge had disappeared; still, it showed no sign of healing. The sixth week of treatment showed the surface of ulcer still obstinate to cure (every precaution with regard to tonics, bowels, bandaging, etc., being strictly observed). The patient now considered himself incurable, and with some trouble was persuaded to lay up for a short time longer. The prospect of failing, after so long a course of treatment, was anything but pleasant. I now clearly perceived something must be retarding the progress of the cure. A considerable amount of redness remained around the ulcer, the capillaries being in a state of chronic congestion. With the view of relieving this congestion, I re-

moved with a lancet not more than a drachm of blood, dressing it with carbolic oil, and strapping. On my next visit, which was in two days following, I found the appearance of the ulcer very much improved, and showing every symptom of healing; accordingly, I repeated the operation, and on my next visit, when I removed the strapping, no ulcer could be seen. I now procured from Messrs. Fannin a legging and knee-cap, which he constantly wears, and is now quite well, and his leg gives him no trouble.

Thus, by the "local" abstraction of a few drops of blood was this old ulcer, so obstinate to any other kind of treatment, cured.

The above case, I think, shows the advantage of local depletion, which may be applied with benefit about any broken surface where chronic congestion of capillaries appears.

The Use of Atropia in Diseases of the Eye.

We make the following extracts from an article in the Virginia *Medical Monthly*, by Dr. Julian J. Chisholm, of Baltimore: —

It is of the utmost importance that the general practitioner should protect his patient from so unfortunate and serious an accident as an adherent pupil. If he is not skilled in ophthalmic diagnosis (and what general practitioner can be?), it would be far better for him to make it his rule of practice to put the atropia solution into every inflamed eye that he is called upon to prescribe for. No harm can ever come from one application of the atropia to any eye, and information of the utmost value in diagnosis is always secured.

For local application, the sulphate of atropia is dissolved in distilled water, being readily soluble in the various strengths necessary in ophthalmic practice, without the addition of acids or other solvents to the water. In this form its application to the eyeball is never painful. When a drop of acid has been put in the mixture to facilitate the dissolving of the alkaloid, the application to the eye becomes painfully irritating. The usual strength of an atropia solution is from one-eighth of a grain to six grains to an ounce of water, the strength of the solution to be used depending upon the effects which are desired. The two-thousandth part of a grain of atropia will produce a wide expansion of the pupil when the iris is in a healthy condition. When the iris becomes inflamed, it may be necessary to use frequently a solution as strong as six grains to one ounce of water before the pupil will show any tendency to dilate. The rapidity with which a healthy pupil dilates will depend upon the strength of the solution. If a few drops of a weak solution of one-eighth grain to an ounce of water be instilled into an eye with healthy iris, in half an hour the muscular fibres of the iris indicate the influence of the drug, and its action may continue for twenty-four hours. Should a similar number of drops of a six grain to an ounce solution be used, the pupil responds, not only more promptly, but the effects are sustained for a much longer period, and in some very sensitive cases even for two weeks. When, therefore, it becomes necessary to enlarge the pupillary window for the more thorough examination of the vitreous chamber, including lens, choroid, or retina, the ophthalmic surgeon uses the very weak solution, as he desires the eye to recover as speedily as possible from the annoying effects of the drops. These annoying effects refer to the action of the atropia upon the muscles of accommodation. By this disturbance, the vision is made more or less dim for near objects, which deprives persons of the ability of writing or reading for the time.

In referring to the local application of atropia in eye diseases, one can hardly go wrong should he use it in any case of acute inflammation of the eyeball. Should a physician have the necessary knowledge for the accurate diagnosis of eye affections, he would discriminate so as to avoid its use in most of the affections that are purely conjunctival, such as ordinary catarrhal ophthalmias, accompanied by a hypersecretion of mucus and a sticking of the lids during sleep. On the contrary, in all cases of corneal inflammation, especially those characterized by much watering of the eye, with pain upon exposure to light, the oculist would use atropia largely as a local sedative or anodyne. Such cases, however, can get well without the use of atropia, although the instillation of the solution adds much to the comfort of the patient, and will expedite the cure.

It is when the iris is involved, accompanied by the usual secondary congestion of the conjunctiva and deep tissues around the corneal circle, that the local use of atropia becomes essential for successful treatment.

When inflammation seizes upon the iris, the great danger to the eye does not often lie in the amount of injury sustained by the iritic parenchyma, but in the sticking of the posterior uveal surface of the iris to the capsule of the crystalline lens, which in the natural state of the eye touches it. Should adhesions form between these two opposing surfaces and become firm, the eye is permanently impaired thereby, although the inflammation entirely subsides. Atropia and its allied drugs can alone prevent these adhesions from forming, or break them up whilst still soft, before they harden into connective tissue bands. Antiphlogistic treatment, however active, cannot effect this.

On Modified Syphilis.

Of this form of the disease, Dr. W. S. Oliver, Surgeon Major, writes to the *British Medical Journal*, May 9th 1874: After more than sixteen years' experience, I entirely concur as to the "modification of syphilis by descent;" I desire further to assert that it is syphilis in this "modified" form that the Army Medical Officer has to deal with in seventy per cent. of the cases of so-called "primary syphilis" which come under his notice. Or, to express myself in plainer terms, judging from the source of

contamination in those cases, the appearances and characters of the sores themselves, and the nature of the secondary symptoms ensuing on what is generally considered "primary" syphilis in the army (at least), I am most firmly convinced that not more than thirty per cent. of those cases, if so many, can be considered true primary syphilitic chancre at all, but are merely the primary local evidences of the transmission of secondary syphilis from one person so infected to another not previously contaminated.

The history of those cases is usually as follows. A soldier, who, according to his own statement, and of course in accordance with the entries in his "medical history sheet," never before had syphilis, cohabits with the usual "soldier's prostitute," who. as a rule, has had time to descend very low in the grade of her calling. Within a week or ten days after connection, or even as early as the third day, should the poison be virulent (phagædenic), one or two, or even three, papules, or abrasions, or an excoriation, perhaps, appear and run rapidly into ulceration, and, in the course of from two to five days, come under the notice of the medical officer as either sloughing unhealthy ulcers, or gray non-granular superficial, or, perhaps, elevated, circumscribed sores, with a tenacious muco-purulent discharge on the surface, and resembling in some measure secondary syphilitic ulcers elsewhere. Induration is not usually present in those cases, especially at this period, but it may afterwards appear to a limited extent, especially when the sore or sores are situated on the corona glandis, and are long in healing; but, when present, it is never so early in showing itself, nor so well marked and defined as is the case in a real primary chancre. And, though the presence of induration indicates, I think, an early contamination of the system with secondary syphilis, its absence from the sore altogether is never an authentic sign that the sore is non-infecting. Enlargement of the glands in one groin, and in a line with Poupart's ligament, is a usual accompaniment of the disease, appearing early, with inflammation, if the sore or sores have been concealed, or the parts irritated; or late without inflammation, if the local disease have been treated early, but is slow in disappearing. Enlargement of the glands of the neck and axilla is not a usual concomitant of this stage of the disease. Constitutional secondary symptoms, however, generally soon appear, sometimes showing themselves even before the sore has healed, where this process is protracted; generally as a mild erythema of the fauces, or a maculated or papular eruption, or roseola without any accompanying febrile attack. They are easily dispelled, as a rule, by mercurial fumigations and large doses of iodide of potassium, and seldom terminate in syphilitic cachexia, unless complicated with anæmia or struma. Rheumatism is often a late result from this form of syphilis, but cachexia seldom ensues unless under the circumstances I mention.

This, I consider, is the most usual species of syphilis met with in the army, and it is in my opinion generated, not from a true primary chancre, but from secondary, or what Mr. Morgan would term modified syphilis in the female. If this view of the subject were more generally accepted, I feel sure there would be less difference of opinion as to the proper treatment (mercurial or non-mercurial) of the disease than exists at present. The treatment for true primary syphilis and its sequelæ, in their early stages, is undoubtedly mercury, with few exceptions; but, for the "modified disease," my belief is that a modified treatment will be all-sufficient and least injurious to the constitution.

I know that many will be opposed to my statements, and will, doubtless, assert that the sores I have described were not those of infecting syphilis, and did not induce the secondary symptoms which followed, but that those symptoms and sores were preceded by a true and concealed chancre in every instance. To this, I reply that, for such to be a fact, seventy per cent. at least of the men I have treated must not only have concealed this sore, but have denied all knowledge of it when they have subsequently presented themselves voluntarily to me for treatment of the sores I have described.

The more simple and rational explanation of the matter undoubtedly is, that the prostitutes with whom the soldier cohabits are generally of the lowest grade, and cannot possibly impart to him what they have not themselves; that is, true primary syphilis, having previously been sufferers from the secondary affection for months, if not for years.

Treatment of Nævus.

Mr. John Renhall, F. R. C. S., writes to the *Lancet*:—

When I became possessed of a Weiss' constant-current battery, I took an early opportunity of treating a capillary nævus of the scalp by electrolysis, and since then I have used it with unvarying success in some eight or ten cases, the size varying from a quarter of an inch in diameter, to an inch and a half long by an inch wide. I have used, according to the size of the tumor, two to four needles, with twelve, fifteen, eighteen, or twenty-one cells.

The plan of procedure has been to give the child chloroform; the requisite number of gilt needles is then inserted into the serres-fines conductor recommended by Dr. Althaus, and made by Messrs. Weiss, and connected with the *negative* pole of the battery. The positive pole, with sponge-holding electrode, being applied to an indifferent portion of the surface in the neighborhood, the needles are passed into the base of the tumor towards the centre. Being charged with electricity, this is done easily. Within a few seconds bubbles of hydrogen gas are seen issuing from each needle puncture, while the portion of tumor around the point of each needle becomes livid, changing to a dirty white. If the nævus is extensive, the needles are withdrawn and inserted at other points, till

the whole substance has been attacked. No hemorrhage ensues, and no dressing is required. The crust formed dries and falls off after a few days, leaving, in the case of small nævi, no mark, and in the case of larger ones minute white cicatrices. In three of the cases operated on, two or more sittings have been required, and that only because it was difficult to judge whether enough had been done. In one case, which was very vascular, too many cells were, I think, employed, and a granulating sore was produced, such as results from ligature; this, therefore, might easily have been avoided.

The advantages of this method of treatment I should sum up as being—(1) its simplicity, (2) its rapidity, (3) its effectiveness, (4) its safety, (5) its entire freedom from hemorrhage, (6) the avoidance of any breach of surface, (7) the *absence of scar* in the case of small nævi, and its *very modified* existence in the case of larger ones; and, lastly, though I have not myself had the opportunity of putting it into practice in cases presenting a very extensive surface, I can yet see no limit to its applicability on that score, the tumor being treated in detail.

Vertigo and Temporary Dimness of Sight.

Dr. Murchison says, in the *British Medical Journal*:—

Sudden attacks of giddiness are in many instances similar in their pathology to megrim, and giddiness in certain patients replaces the neuralgia. But giddiness, according to my experience, is, in a much larger proportion of cases, connected with hepatic derangement, lithæmia, and gout, and follows the use of certain articles of diet, such as tea, champagne, citron, etc. Many years ago, Boerhaave's commentator related the case of a man who, during two years, was always seized with vertiginous symptoms when he attempted to stand up. In vain had the ablest practitioners endeavored to cure him. Quite suddenly, he had an attack of gout, of which disease, up to that date, he had had no indication; and from that moment he found himself free from the vertigo to which he had formerly been liable. A medical friend of my own, who has long suffered from gout, as certainly as he drinks a cup of tea or a glass of champagne is seized, often while walking in the street, with sudden giddiness; his head feels empty, and neighboring objects seem to whirl round him; he does not lose consciousness, but he would fall did he not lay hold of the railing. After a few seconds or minutes, the attack passes off, but in some patients it is more persistent. Another friend who never has had gout, but whose urine is frequently loaded with lithates, was seized with dimness of sight and giddiness every night while writing. He took iron, quinine, and other tonics, but he got worse instead of better. He was advised to give up his profession for a time and try the effect of change of air; but, before taking so serious a step, he took a few doses of blue pill, and the symptoms at once and permanently disappeared. A third patient under my care, who for years had been subject to lithæmia, but never had gout, would be suddenly seized, while writing, with dimness of sight and specks floating before the eyes, or even with complete, but temporary, blindness of one eye. Here also iron and quinine disagreed, but the symptoms were removed by remedies directed against the liver. Many writers have referred attacks such as those which I have now described to derangement of the stomach. Trousseau, for example, who has described them under the designation of "vertigo à stomacho læso," speaks of them as associated with epigastric pain increased by food, flatulence, acid eructations, and vomiting of glairy mucus; but he admits that the gastric derangement in which the vertigo is supposed to originate may not show itself, and this admission certainly accords with my experience. On the other hand, the circumstance of the frequent association of the vertigo with gout or lithæmia, and the fact that alkalies and aperients, which are the best remedies for these conditions, are also the remedies most likely to prevent a recurrence of the attacks of vertigo, make it probable that this has a toxic origin, and that the liver is the organ mainly at fault.

On Mercurial Inunction

The London *Medical Record* quotes the following views of Mr. Liegeois:—

The superiority of mercurial frictions is incontestable in the treatment of syphilis occurring in new-born infants, where the stomach would reject the smallest dose of mercury. On the other hand, in these cases, syphilis yields admirably to the influence of mercurial frictions, made by preference in the axilla.

This is not the place to seek for the physiological explanation of the great energy of the mercury administered by this method, and still less to determine the manner or channel by which this metal penetrates into the organism. It is not that the elements for such an inquiry are wanting; for, having made convincing experiments on this subject, we possess some important data in connection with it. It is, however, of less interest to pure practice, and I therefore prefer here to pass it over in silence, and to proceed directly to the method of employing mercury in friction.

I use double mercurial ointment of good quality; that is to say, where the mercury is thoroughly reduced so that no globules are visible. The usual dose is six grammes a day. The frictions are made at bedtime, on a limited portion of the body, and on one side only; the calf of the leg by preference, or the thigh, groin, or axilla. It is enough to continue rubbing for from three to five minutes at most. The part is then covered with linen and oiled silk, and the whole is fixed by the aid of a pocket-handkerchief and two or three turns of a bandage, so as not to soil the sheets. To avoid irritation of the skin, the situation of the application should be

changed every evening; it is wiped off the next morning, and if the patient wishes, he may be allowed to wash himself with soap and water.

At all events vapor-baths, of which we have formerly spoken, serve to remove all objections to the method on the part of persons who are very particular in attending to their bodily cleanliness. If there be no reason to the contrary, we continue the frictions for a month or six weeks. We return to the use of mercury whenever fresh symptoms appear.

To Resuscitate from Drowning.

R. M. H., in the Boston *Medical and Surgical Journal*, gives the following directions for restoring persons apparently dead from drowning.

I. Lose no time. Carry out these directions on the spot.

II. Remove the froth and mucus from the mouth and nostrils.

III. Hold the body *for a few seconds only*, with the head hanging down so that the water may run out of the lungs and windpipe.

IV. Loosen all tight articles of clothing about the neck and chest.

V. See that the tongue is pulled forward if it falls back into the throat. By taking hold of it with a handkerchief it will not slip.

VI. If the breathing has ceased, or nearly so, it must be stimulated by pressure of the chest with the hands, in imitation of the natural breathing; forcibly expelling the air from the lungs and allowing it to re-enter and expand them by the elasticity of the ribs. Remember that *this is the most important step of all.*

To do it readily, lay the person on his back, with a cushion, pillow, or some firm substance, under the shoulders; then press with the flat of the hands *over the lower part of the breast bone and the upper part of the abdomen*, keeping up a regular repetition and relaxation of pressure twenty or thirty times a minute. A pressure of thirty pounds may be applied with safety to a grown person.

VII. Rub the limbs with the hands, or with dry cloths, constantly, to aid the circulation and keep the body warm.

VIII. As soon as the person can swallow, give a tablespoonful of spirits in hot water, or some warm tea or coffee.

IX. Work deliberately. Do not give up too quickly. Success has rewarded the efforts of *hours.*

A Suggestion in the Treatment of Tinea Tonsurans.

Mr. Edgar A. Browne makes the following suggestion in the *Practitioner*, for May:—

In a certain number of cases the following plan will be found useful. A margin of healthy hair is to be cut quite short or shaved round the patch. A brisk rubbing with the oil picis rect., or some similar hydrocarbon, is the next stage, and the reddened and saturated patch is to be thickly dusted with a powder composed of tannin, iodine, and gum arabic. This is to be moistened with a few drops of the oil, and gently but firmly pressed into the skin with the end of a small cork. Repeat the process till the whole patch is covered with a layer of paste about an eighth of an inch thick, and then allow it to dry. The firm hard scab thus formed may be left undisturbed for three or four days, when it should be moistened, scraped off, and reapplied No home dressing is required in the intervals.

This mode of treatment is not easily applied to patches of more than about an inch in diameter, as the artificial scab is apt to crack and fall off in pieces, nor is it at first received with much favor by parents of the upper classes, on account of its somewhat suggestive appearance. Simple as it is, parents and nurses can seldom be trusted to make the application; the surgeon should act as dresser.

The advantages of the method are the long interval between the applications contrasted with what can be had with any evaporable dressing in common use; the absence of irritation; the prevention of auto-inoculation by combing, etc., owing to the solid roof formed over the fungus; and the avoidance of bandages, pads, impervious night caps, or other easily disarranged contrivances.

Reviews and Book Notices.

BOOK NOTICES.

Archives of Ophthalmology and Otology. Edited and published in English and German, by Prof H. Knapp, M. D., and Prof. S. Moos, M. D., in conjunction with Dr. E. Gruening, of New York, and Dr. Charles J. Blake, of Boston. Vol. IV. No. 1. New York, William Wood & Co. pp. 156 (3 plates).

The object of these Archives, as stated in the first volume, five years ago, viz., to follow and further the advancement of ophthalmology and otology, through the medium of the two most widely spread languages of the civilized world, remains unchanged. To attain this object, however more certainly and more extensively, the time of the issuing of the journal is changed to every three months, instead of six, with the addition of a review department It will also be seen that new blood, of a more youthful character, is added, to bear the heat and burden of the day. Drs. Knapp and Moos have done well in keeping up the interest in this journal for five years, and deserve the thanks of the "specialists" in these two departments of our noble profession.

The following are the sentiments of the co-editors in reference to the review department,

which we hope will be carried out, not only in words, but in deed and in truth. "The reviews are intended to be strictly impartial, discussing the merits and demerits of the papers under consideration, without regard to the rank or standing of their authors." To see for ourselves if the reviewers had begun their work as they have stated, we referred at once to the reviews of the works of V. Tröllsch, A. D. Williams, M.D., of St. Louis, and D. B. St. John Roosa, M D., of New York, and so far as the merits of these works are concerned, they are all treated alike, and we do not find a single word in regard to the demerits in the Otological Review of Dr Blake.

We like the method of the editor of the *American Journal of the Medical Sciences*, which is, not to give the name of the reviewer, and also neither to be a warm friend nor an avowed enemy. Abroad we are not considered to have back bone enough to write many truthful reviews, and this number of the Archives will not add to our credit in this department.

Passing to the subject matter of this volume, the first article is a case of glioma of the retina, with numerous subperiosteal metastatic tumors, by H. Knapp, M. D., and Charles S. Turnbull, M. D., of Philadelphia (with a lithographic plate). A second case of the same disease is given, in which there was a family predisposition, the metallic lustre from the bottom of the right eye being the prominent symptom.

At page 11 two peculiar cases of sarcoma of the choroid, by Dr. E. Williams, of Cincinnati, and Dr. Knapp, of New York. The new feature in these cases was the "occurrence of secondary tumors by dissemination of germs from a remote tissue." The removal, by operation, of the after-effects of paralytic affections of the eyes are matters of importance, and one of the many great improvements introduced by Von Graefe and his followers. Three cases of tenotomy of the superior and inferior recti are here carefully detailed by Dr. Knapp, who states, "Though the records of cases may be tiresome, yet they are the only thorough basis for arguments and rules." In case 1 he performed tenotomy of the lower and upper recti of the same eye, for paresis of the upper rectus. He remarks that, "When I saw the patient for the last time, on August 4th, 1873, ten weeks after the operation, she had binocular single vision from about 35° below the horizon to about 25° above it, and could use her eyes without fatigue or inconvenience. If he had the choice of time he would make tenotomies of any kind in the forenoon, and watch, and eventually correct the effect during the day: further, he will no longer rely on the rule that, when the antagonist is paretic the ultimate effect of the operation will be much less than the primary.

Case 2.—Tenotomy of the external rectus of both eyes and the inferior rectus of the left eye, for strabismus and diplopia, with success.

Case 3.—Strabismus sursum vergens, improved by tenotomy of the superior rectus, with a suture, increasing the effect through the lower lid; cured by advancement of the inferior rectus. At p. 33, Clinico-Ophthalmological contributions, by Dr. Landesberg, of Elberfeld (translated by Drs. R. Gebser and F. A. Munson, of New York). Two are cases of embolism of the central retinal artery, treated by leeching, by Heurteloup's instrument; the results very unsatisfactory. Three or four cases are given where there has been absorption of the hemorrhage, but no marked change in peripheric extravasation, the condition of the vessels remaining unaltered.

Dr. Knapp gives us another new ophthalmoscope, with a single disk, at a cost of twenty dollars.

At p. 45, Dr. Schapringer gives a case of paresis of accommodation, with apparent myopia, which disappears by the use of the constant current and convex glasses. Dr. Thomas R. Pooley reports a case of "*Keratitis vesiculosa*, or *true herpes of the cornea*, with secondary glaucoma," in which he would raise the question, whether in his case the long continued use of atropine may not have had something to do with provoking the glaucomatous attack in the duration of his treatment, from August, 1873, to October 6th. This is the common result of the loss of vision from Herpes Zoster-ophthalmicus, and cases by Dr. H. D. Noyes and Dr. Jeffries, of Boston, are reported in the Transactions of the American Ophthalmological Society, article ten and eleven, reviews of which are given in this journal, February 7th, 1873; for ourselves, we recommend the external and internal use of iodine, or solution of bi-sulphite of soda, and morphia hypodermically, and we do not believe that the atropine had anything to do with the result. Ocular alterations frequently coëxist with the cutaneous eruption, the most important of which are keratitis and iritis.

(To be Continued.)

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUG. 22, 1874.

D. G. BRINTON, M. D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

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OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

MEDICAL CHARITIES.

"Poor and sick!" What tale of distress should appeal to our sympathies more strongly than this brief statement? It sums up the whole of misery in three monosyllables. Practical philanthropy sees its first duty lie in relieving this maximum of woes.

Hence, Christianity has from its commencement extended toward the indigent and the ailing an earnest assistance, which we might seek in vain in other religions. The old Welsh laws laid it down that there were three persons whom any one was authorized to kill on sight: the outlaw, the stranger, and the madman. Christianity orders us to welcome the stranger, to protect the madman, and to try to reclaim the outlaw.

The first hospital, in our sense of the word, seems to have been established at Sienna, in Italy, in the ninth century, by a pious personage, named Soror, its immediate object being to supply a place in which sick pilgrims journeying through the city to various shrines should receive attention. Soon other similar establishments were founded in various Christian countries, and many brotherhoods were created, whose especial duty was to nurse the sick. Most notable of them was the Hospitalers of St. John, of Jerusalem, who subsequently merged into the Knights of Malta, and departed far enough from the purpose and character of the original society.

At present, the hospital accommodations of the principal European cities are on a grand scale. For instance, we learn from late foreign journals, that this year the Poor-Law Board of Paris has been enabled to increase the annual budget to the amount of 28,150,000 francs, of which 11,500,000 francs are furnished from the municipal funds to supply the deficit in the budget. 20,161 beds have been kept up in the hospitals and refuges, of which 9311 are for the aged and infirm, 8277 for the sick, and 2081 for the insane poor. 111,090 persons have been admitted into the various hospitals and refuges,

and 192,000 have been attended to in their own homes, amongst whom were 10,000 lying-in women.

Personal generosity is constantly increasing these facilities. For example, Madame Lenoir Joussereau, who died at the beginning of March, left her entire fortune to the Paris hospitals. It amounted to over ten million francs. She desired that it should be used for the creation of a special charity, to be called Lenoir Joussereau. She left only 500,000 francs to her distant relatives and attendants.

The high cost of drugs to the poor, who will not go to a hospital, has also led to the devising of a plan by which medicines can be furnished at reduced rates. In St. Petersburgh a plan has been laid before the proper authorities, for the establishment of a philanthropic pharmacy, which shall be obliged to furnish 30,000 prescriptions for medicine annually, at a fixed price for each of twenty-five copecks (about eighteen cents). The prescriptions entitling the holders to these medicines are to be at the disposal of the medical men of the city, to be distributed to their most destitute patients. There are many hospitals in St. Petersburgh where the indigent sick can obtain medical advice and assistance at a very trifling cost; but up to the present time there has been no low-priced pharmacy, whilst the present high price of drugs renders the establishment of such a charity most desirable.

Such an establishment would be of great benefit in this city, where the cost of drugs, increased, as it frequently is, by the percentage which physicians (very discreditably) exact from the apothecaries, is a heavy burden on those of restricted means.

Notes and Comments.

Rarity of Sudden Death in Heart Disease.

The popular impression is that all heart diseases entail a probability of sudden death. Dr. Lancereaux states that the ordinary termination is *slow death*, due to the increasing difficulty in the circulation, and to the organic lesions that this induces. A less frequent termination he calls *rapid death*. This is caused by some sudden impediment, more or less complete, to the intracardial circulation, such as a displacement of fibrinous concretions in the heart. or rupture of the valves; death ensues in from ten to fifteen minutes. A third mode of ending is *sudden death*, which is observed in aortic insufficiency, myocarditis, and general cardiac dilatation. The lesion here is either an organic change or a functional disturbance of the nervous system of the heart.

Useful Formulæ.

In cases of sudden pain:—

R.	Sodæ bicarb,	℥ss
	Morph. sulph.,	gr.j
	Chloroform,	fl.℥ss
	Syr. zingib.,	fl.℥ss
	Aq. menth. p.,	fl.℥iss.

Sig. Teaspoonful every half-hour.

R.	Tr. opii.,	gtt.x	
	Tr. camph.,	gtt.xv.	M.

Sig. In tablespoonful of sweetened water every half-hour, till relieved.

In infantile diarrhœa,

R.	Testa, ppt.,	gr.xxiv	
	Pulv. ipecac. comp.,	gr j.	M.

Ft. chart. No. xij.

Sig. One powder after each evacuation.

If over six months, increase the Dover's powder to $\frac{1}{6}$.

Acidity of the Gastric Juice.

At a meeting of the Biological Society of Paris, MM. Claude Bernard and Lepine both asserted that the results of their recent experiments led them to reaffirm that, contrary to the statements of some German authors, the glands of the stomach do not secrete an acid juice, and that it is only on the surface of the mucous membrane that gastric juice becomes acid.

Etherole of Sulphur.

This is highly recommended as a remedy for Asiatic cholera. It is made by adding one part of washed sublimed sulphur to ether, 65° Baumé, specific gravity, 0.722. The flask may be held a few seconds in warm water, to increase the dissolving power of the ether. Well rectified ether dissolves one eightieth of its weight in sulphur. It is given as follows: At the immediate time for exhibition, a glass half full of sugared water has a small piece of ice added,

and twenty-five or thirty drops of etherole are poured in, then the tumbler is filled with seltzer or soda water; the patient drinks this by small mouthfuls. Before adding the etherole, shake the flask well, but let the heavier particles of sulphur settle.—*C. C. Boutigny, in Scientific American.*

Change of Anatomical Nomenclature.

In a paper read before the Society of Anatomy at Paris, Professor Goubaud urged a change in the nomenclature of human anatomy in reference to the extremities, so as to facilitate the study of comparative anatomy and palæontology. He proposes that the hand should be placed in pronation; that the bones of the carpus in each row should only bear numeric names, proceeding from without inward; that the fingers also should be numbered from without inward; and that for the foot the bones should be classified in the same order.

Lockjaw and Quinia.

Several cases of tetanus have followed hypodermic injections of sulphate of quinia, which will render medical men more careful in thus employing it. M. Bourdon says the following preparation is not irritating, and may be injected without danger: By weight, sulphate of quinia two parts, tartaric acid one part, water forty parts; mix.—*Scientific American.*

Iodide of Potassium Improved.

Sir James Paget first called attention to the fact that carbonate of ammonia greatly increases the therapeutic action of iodide of potassium. Mr. J. P. McSweeny states, in the British *Medical Journal*, that he has tried this combination extensively in syphilis, with the best results, and finds that five grains of iodide combined with three grains of carbonate are equal to eight grains of the potassium salt as ordinarily used.—*Scientific American.*

Ether for Tapeworms.

When the anæsthetic power of ether was first discovered, it was only proposed to use it on human beings, to render surgical operations painless. Von Heydon, the merciful man, who would not inflict pain on any living creature, employed it as long ago as 1830, for killing insects for his collection. Even worms are rendered dormant and helpless by its use. Prof. August Vegel now announces a new application of this anæsthesia for worms, its application to tapeworms. The ether is enclosed in a gelatin capsule and swallowed. The ether is vaporized in the stomach and the worm stupefied, it being then easily removed by any of the usual remedies, against which, when awake, the worm offers a strong resistance.

Analysis of a Havana Segar.

A. P. Smith has analyzed the ash of a Havana segar, with the following result:—

Sulphate of soda	5.764
Sulphate of potash	7.401
Carbonate of potash	9.012
Chloride of sodium	3.272
Carbonate of soda	1.039
Sulphate of lime	4.180
Carbonate of lime	45.400
Oxide and phosphate of iron	0.460
Phosphate of lime, Phosphate of magnesia,	9.210
Silica	9.641
Carbon	3.162
Traces of alumina, carbonate of lithia, loss, etc.,	1.459
Total	100.000

Correspondence.

Ergot in Abortion, Again.

Ed. Med. and Surg. Reporter:—

In the Reporter of August 1, Dr. Putney says: "I must differ with him (Dr. Saunders), because, in a regular practice of fifteen years, I have met with as many cases of threatened abortion and abortion among the hardy, robust, and plethoric, as among the debilitated and anæmic."

I, too, have been in the regular practice of my profession for fifteen years, and must confess that my experience agrees with that of Dr. Saunders. A large majority of the cases of abortions and threatened abortions have occurred in women of a nervo-lymphatic temperament, relaxed habits, and generally anæmic.

Causes which produce threatening symptoms in women of this class, seldom do so, in my experience, in the "robust and plethoric." Sudden shocks to the nervous system, the extraction of a tooth, sudden frights, the reception of depressing news, etc., frequently bring about abortive symptoms in the former, while such symptoms in the latter are generally the result of violence in some form.

Ergot has proven equally efficient, in my hands, in both classes; and, as I believe, no from its astringent property alone, but from it narcotic influence as well. That it produce such an influence, in sufficient doses, I am ver well convinced. Wood says, in his "Therapeu tics," "It evinces decided narcotic properties. Its first impression is, no doubt, upon the moto

system of nerves, and through these upon the capillaries; thereby relieving pain, controlling hemorrhage, and insuring the safety of both mother and child

Now, I do not claim that ergot is an infallible remedy in all cases of threatened abortion. No remedy, or combination of remedies, can stay abortion when the vitality of the ovum is already lost. It must come away, sooner or later. As long as it remains in the uterus it acts as a foreign body, and disposes to pain and hemorrhage. Here, again, ergot is our sheet-anchor.

In the earlier years of my professional life I depended upon opium, the mineral acids, vegetable and mineral astringents, the tampon, etc. Then abortion was the rule; now it is the exception. When called early to the patient, I scarcely ever resort to the tampon; indeed, I believe the tampon has frequently hastened abortion, instead of retarding it, by causing an accumulation of blood in the uterine cavity, preventing its contraction, and the necessary closure of the bleeding vessels.

In some of the most alarming cases of threatened abortion I have ever met with, I have relied upon ergot (fld. ext.), in drachm doses every two or three hours, *without the use of the tampon*, and it has acted happily in relieving the pain and hemorrhage, and the cases have gone on to term. S. B. Flowers, M. D.

Mt. Olive, N. C., Aug. 8, 1874.

"Unstopping the Ears of the Deaf."

Ed. Med. and Surg. Reporter:—

In the Reporter of July 4th occurs a suggestion of treatment for the relief of deafness which accords so nearly with my own experience of resort, in similar cases, that I am prompted to record my endorsement of it I have no doubt the simple means of cure in just the class of cases in question is that practiced by traveling charlatans, which gives them their greatly vaunted reputations.

Dr. Bacon has, in his article, given the characteristic symptoms of deafness dependent upon the presence of inspissated cerumen upon the drum of the ear, and I have no occasion in this brief *addendum* to state further in respect to the evidences which would lead the practitioner to suspect the cause indicated as that giving rise to the difficulty. A single false impression, however, I beg to observe, is calculated to be conveyed in the description of the case given by Dr. B. He states that his patient complained of *sudden* deafness. From the nature of the case, the deafness, it strikes me, must necessarily be always *gradual*, because the hardening of the accumulated cerumen, upon which the deafness depends, must, in all cases, be a *slow* process.

But the ready method of relief for this character of difficulty, recommended by Dr. Bacon, is the important fact to be noted. My personal experience of benefit is my authority for the advantages of the resort. It gives me pleasure to acknowledge my indebtedness to Dr. J. H. Hinton, of New York city, for curing me, a few years since, of a deafness of long standing, by the simple injection of saponified warm water in the meatus of the ear. It was accomplished at one sitting.

The adjuvants of treatment suggested by Dr. Bacon, along with the warm water injection, may, in some cases, be required, but in my hands, as in my experience, the injection of a suds constituted of water of a temperature comfortably borne, and Castile soap, thrown into the canal of the ear with a two-ounce hard rubber syringe, has invariably succeeded in removing the plug of congealed wax. I coincide that patience must be exercised in the employment of the syringe alone, and am constrained to believe the use of a *fountain* syringe preferable to another. J. H. Thompson, M. D.

Goshen, N. Y., July, 1874.

News and Miscellany.

IN MEMORIAM.

An Appeal to the Medical Profession Throughout the World.

It is contemplated to erect a memorial statue in honor of Ephraim McDowell, M. D., of Kentucky, the *Founder of Ovariotomy*. The idea having originated in Danville, where the first operation was performed, was adopted by the Boyle County Medical Society, approved by the Kentucky State Medical Society, and earnestly endorsed by the American Medical Association, at its last meeting in Detroit.

Ovariotomy has outlived all opposition, and through the record of its success, has, by common consent, attained a position in legitimate surgery. Nations formerly arrayed against it are now claiming for themselves the honor of privity. This honor belongs to America.

In the origination and development of new ideas, the pioneer has often to suffer odium and abuse, and rarely lives to enjoy the fruition of a great discovery. This was peculiarly the case with McDowell.

A modest, unassuming man, of large intellect, rare judgment, strong convictions of duty, and possessing a proper ambition to advance the science of his profession and meet the claims of humanity, he accomplished an act in 1809, in the western wilds of Kentucky, which was not only discredited but denounced by the whole medical world. With a consciousness of right, unsupported and lone, and in defiance of professional obloquy, he performed operation after operation with astonishing success, and snatched from the grave the victims of a disease until then acknowledged to be incurable.

Standing firm, encouraged by results, this undaunted surgeon never faltered, although he had not as yet the prestige of a reputation, nor the approving counsel of a single noted surgeon. All honor, then, to Ephraim McDowell, of Kentucky:

Now that Ovariotomy has been justly established throughout the world as one of the greatest triumphs in surgery, it is eminently proper to inaugurate a suitable memorial, expressive of the high appreciation of his character, of the world-wide benefits of his discovery, and of a due acknowledgment of the gratitude of every nation.

America should not stand alone in this work of love and duty. Every country on the face of the earth is equally the recipient of the blessings of this discovery, and is under a moral obligation to send offerings for McDowell's shrine

And woman, who is literally saved by Ovariotomy from endless suffering and impending death, should herself hasten to aid in erecting and embellishing this memorial statue by her own delicate and grateful hands. May it be even so. How beautiful and expressive would be such an act. The offerings of her new existence laid upon the tomb of her benefactor.

This appeal, therefore, for aid, is first made to the women of the world who have been rescued by Ovariotomy; next to the members of the medical profession whose resources have been so greatly increased; lastly, to all who appreciate this advance in surgery, and regard Ephraim McDowell, the Father of Ovariotomy, as worthy of the gratitude of all the human race.

All contributions to the Memorial Fund should be sent, by money order or registered letter, addressed to Dr. James M. Keller, No. 58 Green street, Louisville, Kentucky, who has been appointed Secretary and Treasurer by the Committee, and who will promptly send postal card receipts for all moneys received, and make, through leading medical journals, regular published lists of the names of contributors.

John D. Jackson, M. D., Kentucky, Chairman of Committee.
J. M. Myer, M. D., Kentucky.
Ely McClellan, M. D., U. S. Army.
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B. E. Cotting, M. D., Massachusetts.
J. M. Keller, M. D., 58 Green street, Louisville, Kentucky, *Secretary and Treasurer.*

Items.

—The vacancy at the Vermont Asylum for the Insane, caused by the death of Dr. Tenney, has been filled by the appointment of Dr. Clark to Dr. Tenney's place, and Dr. Henry T. Whitney has recently come to the institution as assistant physician in the position made vacant by Dr. Clark's promotion.

—A grandson of Capt. John Westervelt, of Westwood, aged about two years, in running to meet his father a day or two ago, fell upon a small stick, which penetrated the roof of his mouth. The injury was so severe that the poor little fellow died on Friday.

—Martin Madison, of Southampton, England, is said to be 115 years old, and still regularly attends to business.

MARRIAGES.

BAUM—MAUE.—On Wednesday evening, July 29, at the residence of the bride's parents, by the Rev. A. Kroell, Dr. H. C. Baum and Miss Amelia Maue.

DEATHS.

HOPKINS.—At Richview, Ill., after a protracted illness, Dr. Richard R. Hopkins, formerly of Cincinnati, and son of the late M. W. Hopkins.

JERMAN.—At Spring Lake, Mich., on the 25th ult., Dr. Jefferson S. Jerman, in his 61th year.

KRAUSE.—In Plumsteadville, Bucks county, Pa., on the 5th inst., Francis Gurney, son of Dr. J. H. and Mary E. Krause, aged one year, four months and five days.

LAMBERT.—At his residence, in Hatfield township, Montgomery county, Dr. Jacob F. Lambert, in the 61st year of his age.

MCCALLMONT.—Suddenly, on the 5th inst., Dr. George F. McCallmont, in the 74th year of his age.

MCCLELLAN.—At Edinburgh, Scotland, on July 20th, 1874, John H. B. MCCLELLAN, M.D., in the 51st year of his age.

SPENCER.—On the 26th ult., at Santa Barbara, Cal., Dr. John E. Spencer, formerly of Moorestown, N. J.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

FISTULA IN ANO, TREATED WITHOUT THE OPERATION.

(See Medical and Surgical Reporter, June 13th, 1874.)

BY W. READ, M. D.,

Of Boston, Mass.

January 12th, 1873. ——, æt. twenty-five years, married; has one child; three years ago noticed a swelling about an inch in front of vulva, on the inside of left thigh, which gradually softened, was opened, and discharged pus. Since then it has opened of itself three times. On examination there was found a soft, reddish-colored swelling, about an inch from the anus, on the inside of the left thigh. Patient preferring to take ether, an appointment was made for the next day, (13th), when it was opened. The discharge had a fecal odor, and the probe passed in freely for an inch and a half, but did not enter the rectum.

16th. Injected a solution of potass. carb. 10 grs., water ℥ 1, into the fistula. It caused great pain, principally in the rectum, into which it found its way through an inner opening that the probe did not enter.

18th. Injected as before.

20th. Injected as before. The external orifice of the fistula was healed up so firmly as to require considerable force to open it.

February 8th. The injections have been continued on alternate days, but the progress was so slow that a change in treatment, similar to that described in case No. 2 (Medical and Surgical Reporter, June 13th, p. 537), was decided on and adopted. The solution of the pot. carb. was, however, made of much greater strength, 90 grains to the ounce of water.

9th. Patient reports that the pain of the application was much alleviated by the hot sitz baths ordered, and passed off in about two hours. To-day feels no discomfort at all; orifice of fistula is discharging freely. Applied a quantity of ung. resin. by a suppository tube.

11th. Patient reports that a portion of fecal matter comes down through the fistulous tract every time she has a movement of the bowels. The discharge of pus is quite free, and she has but little pain. Applied ung. res.

13th. Doing very well. Since last record none of the dejection has come through the fistula. Applied ung. res.

14th. Applied the caustic paste again, drawing the threads saturated with the paste freely and thoroughly through the whole of the tract, and then applying a large quantity of ung. res. After this patient went into a sitz bath as hot as she could bear it. Gave her ether during operation.

15th. Doing very well; recovered from effects of the ether in about three hours; reports a free discharge of pus from external opening of the fistula, and to-day but little pain; is up and about her house. Removed the ligatures and applied ung. res.

17th. In no pain; there is very little discharge from the outer orifice, and the contents of the bowels do not come down through the track of the fistula. Applied ung. res.

19th. External orifice of the fistula looks healthy; gave her an injection of tannin, ten

grains to the ounce of water; both up through the fistula and in the rectum.

21st. Doing very well; occasionally a feeling of itching and smarting, but no throbbing or beating as if inflammation was commencing; injected a small quantity of the tannin solution, per anum, and ordered ung. benz. zinc to dress the outer orifice.

26th. No material change.

March 5th. Reports that the fistula has been quite troublesome, and at times quite painful; once it discharged nearly a teaspoonful of pus; to-day orifice looks healthy and free from inflammation; probe passes the entire length; to remain quiet a few days.

9th. Gave patient ether; passed the silk ligature again, and applied the caustic paste, reduced to sixty grains to the ounce, and then ung. res.; is suffering from an attack of feverishness, brought on by cold.

11th. Patient is up and about her room; the pain from the operation lasted but a short time, and, were it not for the depression of the febrile attack, she would be quite well. Applied ung. res.

13th. Feverish state continued, though in a very mild degree; has no trouble from fistula; it discharges freely, but without pain; applied ung. res.; to have enemata of lukewarm water at least three times a day.

15th. Suffering a good deal from the fever; has one well marked paroxysm, beginning about noon each day; fistula gives her no trouble; no application made to it.

17th. Fever has much abated since last record; has had no headache yesterday nor to-day, and appetite begins to return; removed the ligatures and applied ung. res.

19th. Reports that she feels very much better since the ligature was removed this time than before; has no uneasiness or discomfort in the fistula; injected tannin solution per anum and through the fistula.

22d. Doing very well; occasionally, when the gas presses the rectum very strongly, it forces through the fistula; injected tannin solution.

27th. Suffering from a return of the fever, slight; is not confined to her bed; no pain or soreness in fistula; injected tannin solution per anum.

31st. Since last record has felt nothing pass through the fistula; the outer orifice is closed and contracted; a deep indentation marks the place where the outer orifice was; patient was ordered to use ice cold water as an injection, freely, and attendance was discontinued.

April 17th. Patient was seen. The probe does not pass into the old track of the fistula deeper than one-fourth of an inch; there is no discharge, and patient feels no discomfort and has no sense of anything wrong in the locality of the old trouble.

Case 4. April 27th, 1873. ——, æt. sixty-four. Twenty years ago, while in the employ of the Adams Express Company, got an injury at Panama, which terminated in an abscess at the nates on the right side. It was opened, and never closed, but degenerated into a fistula. Several times he was on the point of having it operated on, but his condition was not considered satisfactory, and the operation was abandoned. Seven years later another abscess formed on the left side, directly opposite the first, and followed the same course. About eighteen months ago another opening, near the edge of the anus, made its appearance, and six months later another still. His present condition is: Two deep burrowing fistulas, the external orifices being three inches from the anus, and almost on the tuberosities of the ischium, and two more recent ones within half an inch of the edge of the anus, and all discharging freely. Both nates are hard and brawny, livid in color, and corrugated and puckered from the long standing of the disease. Gave him ether and introduced the ligatures. The probe was passed into the track of the oldest fistula, the one on the right side. It entered a large canal, straight, with callosed walls, and surrounded by brawny tissue, the result of many years' irritation and ulceration. The most careful probing could find no inner orifice, and the probe was carried straight on into the rectum, which it entered about three and a half inches from the anus, just a little short of the length of the forefinger of the left hand, pushed as far up as it could possibly be. The loop of the ligature was caught on the end of the probe, and the end withdrawn and securely tied. The same course was followed with the fistula on the opposite side, the external orifice of which was situated, relatively, in the same place as the one already described, and the inner opening made by the probe was directly opposite the inner orifice of the first. The other two, situated nearer the anus, were ligatured in the same way, without any trouble. The patient came

from under the influence of the ether well; iodoform ointment was applied in the rectum.

28th. Dr. Howard F. Damon saw the patient with me. Found him suffering scarcely at all with pain or soreness. Said that he is almost entirely relieved of the throbbing and beating which for years he has felt in the region of the fistulas; had a free evacuation of the bowels with comparative ease, and there is much less sensitiveness of the anus when applying the ung., which was of ung. iodoform and ung. res., equal parts.

29th. Doing well; dejections easy; copious flow of pus mixed with the ointment through the fistulous track.

May 1st. Induration surrounding the fistulas rapidly subsiding; parts can be manipulated with a good deal of freedom, without causing suffering; moved the ligatures freely through the fistulas without causing pain; applied ung. res.

3d. For two days has had but slight passage from the bowels, and is much troubled by a pain which moves from side to side, and is felt mostly in the right lumbar region; no fever; tongue clear; skin cool and moist; very little appetite; no pain in fistulas; the hardness about them seems to be all the time abating; ligatures can be moved freely without pain; there is free discharge of laudable pus; no inflammation or throbbing along the track; patient can sit up with more comfort than he has for years; applied ung. res.

15th. Owing to illness nothing has been done up to present date, except to apply ung. res. at short intervals. The pain complained of in record of May 3d proved to be that of rheumatism mixed with neuralgia, which has nearly abated; gave him ether and applied the caustic paste, one half saturated strength, a much stronger solution than had been previously used, but which, in consideration of the duration of the lesion, and the great amount of false and altered tissue, surrounding the fistulas, I thought best to try; ung. res. was applied, and the nates covered with compresses wet with hot water; if there should be much pain patient was directed to use the hot sitz bath.

15th. 6 P. M. Patient came out of the ether well; feels a heavy dull pain in the fistulas, but not enough to trouble him; fistulas discharging a dark grumous thick fluid; there is no tenderness; if much pain comes on to have an opium pill.

16th. Doing well; applied ung. res.

19th. Since last record no treatment but application of ung. res.; is apparently doing very well; gave him ether and applied the caustic paste.

21st. Very comfortable; had a slight return of the rheumatism, to which he has been subject for years, in the right elbow, but it has passed off; all the induration and external signs of inflammation about the orifices of the fistulas have passed off, and the region about them is as soft and pliable as it ever was; applied ung. iodoform.

25th. Gave patient ether and made a thorough exploration of the rectum as far as the finger could reach; it was found to be perfectly free from the induration which marked the internal end of the fistulas on the first exploration, and all within reach was healthy; applied the caustic paste and then ung. res.

27th. Dr. Charles G. Putnam called with me. Patient reports himself very comfortable, and all pain from the cauterization gone; removed the ligatures and applied ung. iodoform.

29th. Doing well; injected fistulas with tr. myrrh and water, of each equal parts; general condition very much improved; appetite is returning, and his strength is coming back; has no uneasiness along the track of the fistulas, but deep pressure to the left of the coccygis reveals a tender spot.

31st. Is up and about; walks without fatigue or causing him pain; the track of the fistulas is still open, and the injection thrown into the orifice on the left side comes directly out of the orifice of the one on the right side, showing that their internal openings are opposite each other; to have frequent injections of ice water thrown into the rectum.

July 10th. From last record till date, patient has been using the injections of myrrh and water, except that once or twice a solution of permanganate of potass. was used, but with no appreciable betterment. He is able to go about at will, and to-day came to my office, nearly two miles from his own home.

14th. Doing well; omit injections through the fistulas; continue enema of cold water.

19th. Has been confined to the house since last record by another attack of rheumatism; patient was directed to omit all treatment of the fistulas for the present.

August 24th. Patient presented himself; found some discharge from the fistulas; in

passing the probe some resistance was found, but not enough to make it certain that the track was closing satisfactorily; ether was given, and the ligatures were reapplied. The caustic paste was applied to the two oldest fistulas, and then the ung. res. again.

25th. Patient has taken a severe cold, and is coughing a good deal, which causes great pressure and pain in the fistulas; applied ung. res.

30th. The paste was applied to the two more recent fistulas nearest the anus.

September 2d. Applied the paste to the two oldest fistulas and let it remain fifteen minutes, then ung. res.

5th. Paste applied to the lower fistulas.

October 5th. Up to this time the paste has been applied at intervals of a week, alternately to each pair of fistulas, and to-day the ligatures were withdrawn from the two nearest the anus; cough much better.

22d. Withdrew the remaining ligatures, and put patient on iodoform and iron, dragees, two grains of the former to one of the latter, twice a day.

November 4th. The external orifice of the oldest fistula is closed; a slight discharge issues from the one opposite, and the two nearest the anus are firmly healed up; continued the iodoform and iron.

12th. Doing well; both orifices of the older fistulas are closed and contracting; the only discharge came from the anus, and is diminishing daily; is taking the iodoform and iron still; cough almost entirely gone.

January 23, 1874. Patient reports himself well; all discharge has ceased for a long time; is able to attend to his duties, and in general health is as well as he could wish.

A CASE OF OPIUM POISONING.

BY C. W. STOCKMAN, M. D.,
Of Cranston, R. I.

The following case affords proof, conclusive to my mind at least, of the antidotal power of belladonna against opium. On the evening of July 22d, at about 9 o'clock, a boy called at my house and requested me to go with him some three miles to see a man who had a fit. We had an epidemic of scarlatina at that time, necessitating a great deal of night work, and as the night was dark and stormy and the road very bad, I did not want to go, and after questioning the boy, and coming to the conclusion that it was a case of epilepsy, I sent some medicine with written directions, and promised to see the patient in the morning. At 2 o'clock A. M. the father of the boy came and informed me that papers had been discovered under the pillow of the patient (who was a young man visiting at the house) indicating that he had taken poison with suicidal intent. On arriving at the house I found a young man, apparently some twenty-five years of age, of dark complexion and robust build, lying in a state of profound coma, interrupted only by rapid, stertorous breathing and foaming at the mouth for a few moments, at long intervals. The ordinary respirations were about four or five per minute, and the pulse was very rapid and weak. The face was of a dark, purplish hue, and bathed in perspiration, and moderately warm, while the extremities were quite cool. The pupils were contracted to a size not much above that of a pin's head. Not the slightest indication of consciousness was elicited by passing the finger across the naked eye, by violent shaking, or by the application of ice water, in the form of affusion, to the head. I learned that the first symptoms which attracted the attention of the family occurred at about seven o'clock P. M., and that he had passed into the state of complete stupor in which I found him, and from which no effort of theirs could arouse him, at about twelve o'clock midnight, after the occurrence of several convulsions. It was now three o'clock A. M., consequently eight hours, at least, had elapsed since the first manifestation of decided effects from the poison, and three hours since the supervention of complete coma. Having no stomach pump at hand, I endeavored to administer an emetic of sulphate of zinc, but as the patient could make no effort to swallow, it all ran out of his mouth. I then injected, hypodermically, about two-thirds of a teaspoonful of fl. ext. belladonna, and per rectum a strong infusion of coffee, containing half a teaspoonful of liq. ammon. fort. I then applied a strong current from a galvanic battery for about ten minutes, but with no apparent effect. In about half an hour the pupils began to dilate, and at the same time the pulse gained in strength and the respiration became more frequent and steady. No further treatment was used except a second injection of the coffee and ammonia, and several applications of the battery, which, after about an hour from the time of administering the belladonna, began to pro-

duce some effect, and at ten o'clock A. M., or seven hours from the commencement of treatment, the patient had so far recovered consciousness that he understood what was said to him and made efforts to reply. As I was obliged to visit a patient in an adjoining town, my partner saw him at three o'clock P. M., at which time he had completely recovered consciousness and was feeling quite comfortable, although very weak. I learned afterward that he had taken, at one dose, three ounces of laudanum, at about two o'clock P. M., July 21st, but vomiting quickly supervened, and he recovered from its effect without attracting the attention of the family. The next afternoon (the 22d) he took, in divided doses, two and one-half ounces, from the effect of which he was suffering when I first saw him.

CHOREA, WITH CARDIAC COMPLICATIONS.

BY F. H. BAILEY, M.D.,
Of Knoxville, Tenn.

March 24th, 1874. Called to see a little girl, Mary ——, aged ten in July next; German parentage; family in good circumstances; light complexion and hair; not large of her age; but of a very active temperament. About six weeks ago she was observed to have irregular movements of the left arm, with a shrugging of the same shoulder, and similar movements of the left lower extremity; right side not affected; attends school, riding into town a mile, the family residence being on one extreme of the city limits. Bowels not constipated, but the appetite capricious. Skin cool; pulse slightly accelerated, but perhaps from excitement on being questioned. On applying the ear over the cardiac region, I detected a systolic murmur, which supplanted the normal sound. It was aortic, and resembled a creaking, rather than blowing. Cardiac impulse somewhat increased. There is a rheumatic history, she having complained at times during the winter just passed, of pains in the elbow and arm (left). This has been attributed by her mother to becoming chilled when riding from school facing a north wind. Prescribed as follows:—

℞.	Iod. potassii,		
	Bromidi potassii,	āā	ʒj
	Syr. rhei. aromat.,		fl.ʒij
	Fluid ext. sennæ,		fl.ʒj
	Tr. acteæ cimicifugæ,		fl.ʒss. M.

Fiat mistura.

Sig. Teaspoonful morning and night, in water. To be allowed to continue attendance upon school, with ordinary diet; and to pursue her wonted course in every-day life.

30th. Condition unchanged; bowels loose; probably from the senna in the mixture; heart sound appears like a cross between a rubbing and a blowing, is heard towards the left axilla, less and less distinct, till it becomes inaudible at the third rib; impulse a little diminished, and the pulse not so rapid; suspend the mixture.

31st. The father called and reported that there was complaint of pains in the left arm, with lameness in the other limbs. Prescribed the same mixture, but with less senna.

April 3d. Unchanged, except that the movements are more marked. Complains of pain in the spine. Learned that Mary had been frightened at school by the larger girls, who dressed up with large sheets, so as to personate ghosts. On one occasion Mary says she was very much excited. This was before she was choraic to any extent. Prescribed as follows:—

℞.	Ext conii. mac.,		℈ij
	Sesquioxyd. iron,		ʒiss
	Syr. tolutani,		fl.ʒss
	Vini zerici,		fl.ʒij
	Tr. acteæ racemosæ,		fl.ʒiij
	Syr. senegæ,		fl.ʒj
	Olei gaultheriæ,		♏viij.

Fiat mistura.

Sig. Teaspoonful morning and night.

Also:—

℞.	Zinci oxydi,		ʒijss
	Ext. belladonnæ,		ʒj
	Pulv. opii,		ʒss
	Axung. puræ,		ʒj. M.

Fiat. unguentum.

Sig. Rub on the spine.

13th. Called at the residence, and found that Mary was unable to attend school. The movements still confined to the left side, but there is more difficulty in walking. The left lower limb at times will drag along, and on one or two occasions she has fallen to the floor. Sleep is much disturbed, and there is a feeling of weakness. Also, there is a soreness in the left lumbar region, with some fullness of the integuments. Bowels inclined to be loose for a day or two. The cardiac murmur is more like a rubbing, and heard very distinctly at the base; pulse about 100, but not full. To continue the conium mixture, and take a pill composed of quinia 1½ grains, and sulph. zinc 1 grain, morning and noon.

18th. Visited the patient and found her about as at the last report. On auscultation find the cardiac impulse somewhat lessened. The murmur still distinct, but not heard over so extensive an area. Pulse eighty-four and regular; tongue clean but red, and she complains of soreness in the mouth and throat. Follicles at the base of the tongue are enlarged, and the tonsils slightly prominent. Her mother says that she appears to have a diminished use of the left hand and arm, while the right side is not in the least affected. The left lower extremity drags in walking, but as she attempts to run, there appears to be but little impediment. She complains of soreness and lameness in the left elbow, and, on pressure, she will complain of pain. There is at times a discoloration of the skin on the left forearm and hand, appearing, as her mother expresses it, as if it was dirty, and also a similar appearance is seen on the left side of the face. On carefully examining the spinal column, I find no tenderness complained of on pressure, till arriving at the upper dorsal vertebræ, where there is a decided shrinking to avoid the pain produced. The appetite has improved for a few days past, and the bowels are more regular in moving, and the stools more natural in appearance. She has complained of nausea since taking the quinine and sulph. zinc, commencing about an hour after swallowing the pill. The sleep is still somewhat disturbed, and she says she has frightful dreams. Since wearing a red flannel jacket, which I advised at my former visit, she has complained less of chilliness and shooting pains through the thoracic walls. I will remark that since the choraic manifestations were first noticed, it has been very rainy, and although not cold, the weather has been chilly and unpleasant. There is an unusual amount of rheumatism in the community, which is attributed to the excessive dampness. Directed that the mixture of carb. iron be continued, and the quinine and zinc be given in half the dose; to continue the application of the ointment to the spine, and to rub upon the tender spot on the upper vertebræ as follows:—

℞.	Cantharidal collodion,	fl.℥ij.
	Glycerine,	fl.℥j.
	Croton oil,	fl.℥j.
	Tr. opii.,	fl.℥j. M.

Fiat linimentum.

Sig. Apply twice daily with a camel's hair pencil.

21st. Called out, and found Mary fully as well as at any time. The movements are less irregular, and there is no more difficulty in walking. Pulse eighty-four and rather fuller. The murmur still distinct at the base of the heart and towards the left shoulder. At the apex and towards the right side it is not noticed; impulse not so strong; tongue clean but rather red; appetite good, and bowels open once or twice daily. An eruption upon the spine from the liniment. At the point where soreness upon pressure is complained of, there is a brownish spot half an inch across. Similar spots on the left arm and forearm still. To continue same treatment, and allow free exercise out of doors when it is not rainy.

27th. Called and found Mary much as at my last visit. Her mother thinks she can finger the piano with less embarrassment of movement. There appears some improvement in walking; cardiac murmur unchanged. No soreness on pressure on the upper spine. To continue the iron mixture, with the addition of more tr. actea., viz:—

℞.	Ext. conii maculatæ,		℈ij.
	Sesquioxyd iron,		ʒij.
	Tr. actea racemosæ,		
	Tr. syr. senegæ,	āā	fl.℥j.
	Vini zerici,		fl.℥ij.
	Oil cinnamon,		♏xv. M

Sig. Teaspoonful three times daily.

To apply a belladonna plaster, 2x3 inches, to the cardiac region, and take comp. rhubarb pill occasionally, to keep the bowels open. Continue zinc and quinine pills.

May 7th. Mary rode to town, and coming to my office was seen by Dr. Knaffle, a German physician. On this occasion a sore spot was discovered at the upper dorsal spine, but at no other point. There appeared to be a whistling sound, or as near that as anything else to which it could be compared, at the base of the heart, and along the aorta. Impulse less strong; has more control of the left lower extremity, but the arm is as choraic as ever; the muscles of the face have lately been somewhat affected. On examining the fauces no unnatural appearance was discovered, except that the uvula was somewhat directed towards the left side. The only addition to the present treatment suggested, was a use of dry cupping at the upper dorsal vertebræ, with cool sponging of the whole spinal region.

20th. The father has reported rather favora-

bly of late in this case. He says she improves in walking, and can finger the piano with less embarrassment. Appetite improves; and, as the weather becomes warmer, she can be out of doors during the day. Prescribed to-day as follows:—

℞	Sulph. quiniæ,	℥ss
	Sulph. zinci,	gr.viij
	Ext. taraxici,	q. s.

Fiat. thirty pills. One morning and night.

25th. Little patient came to town; find pulse 88, soft, but a little unsteady; cardiac sounds distinct, but not so loud; still heard towards the left shoulder. At the third rib the sound is rather of a cooing; tongue clean; bowels regular; appetite good; an evident improvement in every respect; movements of the left hand and arm more under control, and the whole left side is stiller; says she can play on her piano with more ease and satisfaction; rests better at night; she plays out in the yard constantly now, as the weather is warm, and the ground dry. To continue pills, and iron mixture, and have the following liniment to rub on the spine:—

℞.	Tr. veratri viridi,		
	Tr. opii,	āā	fl.℥ss
	Tr. iodine,		fl.℥ij
	Glycerine,		fl.℥j
	Aquæ rosæ,		fl.℥xiv. M.

June 2d. The father informs me that Mary is still improving. The weather, for a month past, has been dry, and for two weeks exceedingly warm. This would act favorably upon the diseased condition.

15th. Being called to the family to visit another patient, I found that Mary had so improved that no choraic movements can be seen. She walks and runs without impediment, and can finger the piano as well as ever. Her general health is good; the cardiac murmur, however, still remains distinct, and is rather a blowing than otherwise. Cardiac murmurs are not uncommon accompaniments in chorea, but in the above case the condition may have been congenital, or its commencement of an earlier date than the appearance of chorea.

27th. Since the last report Mary has had nose bleed several times. To day she came to town, and on examination I found no abnormal condition except the same unchanged cardiac murmur. Thinking that the nose bleed may have resulted from a plethoric condition, consequent upon taking iron for so long a period (nearly three months), I directed a suspension of its use.

July 8th. To-day I learn that but one slight appearance of hemorrhage from the nose has occurred since the suspension of the iron mixture, and that the little patient is entirely free from any signs of chorea. The cardiac phenomenon I shall continue to watch with much interest, and also to closely observe any change in the health of the girl. The above is given as taken down from time to time, during the progress of the choraic manifestations, and now offered for publication, without any further remarks.

TREATMENT OF PLEURISY.

BY J. S. BIRD, M. D.,
Of Hyde Park, N. Y.

During the last few months I have seen several articles in your journal concerning the treatment of pleurisy. As my own treatment of this disease differs somewhat, both in principle and practice, from any given in these articles, allow me to give it in your columns. I have spoken of this as my treatment; I only mean by this the treatment I have adopted, but do not claim anything original about it; in fact, I have simply taken up, as my principal means of cure, a time-honored prescription, but one I think too much neglected by the more modern and fashionable therapeutists.

I will speak first of chronic pleurisy, by which I mean a collection of serum in the pleural cavity, the result of inflammatory action in the pleura. I was taught, by my honored and distinguished teacher in the practice of medicine, to treat this pathological condition by a succession of blisters to the affected side, and iod. potass. internally, in pretty large doses, and, if my observations have been correct, the simple diuretic plan, in some form, is the treatment recommended by most, if not the majority, of modern therapeutic teachers. This treatment I believe to be wrong in theory, and a miserable failure in its results. I have tried this plan of counter-irritation with blisters, and the iodide internally, also other saline diuretics, with the vegetable diuretics; have tried it thoroughly, both in hospital practice, under the direction of distinguished professors, and also with private patients, and have found it wanting in anything like satisfactory results. I will not deny but

that under this treatment, in some cases, the fluid may be slowly absorbed, and after a number of weeks, or perhaps months, it may wholly disappear, but in my cases the process has been so exceedingly slow as to bear such a resemblance to the efforts of nature, in this direction, that I have never felt sure that I did my patients any good with such remedies. Certainly the cure was too slow to insure against fibrinous adhesions and consequent crippling of the lung forever afterwards. And I do not think that my experience has been exceptional, for I find that it is now the advice of some professional teachers, when a patient with a pleuritic effusion presents himself, to "aspirate" at once; indeed, I think this is getting to be quite the fashion in city practice. This fact convinces me that the diuretic treatment, even in the best hands, is not satisfactory.

I have said that I believe this treatment to be wrong theoretically. My reasons are as follows: I believe that all rational treatment of disease should be founded, so far as possible, on our knowledge of its pathology. Now pathologists tell us that in pleurisy there is congestion of the membrane, with a deposit thereon of a layer of lymph, to a greater or less extent. The effusion of the serum is also the result of this pathological condition, and I claim that, as long as this morbid condition of the membrane remains, the absorbents will continue so paralyzed that they will not take up the effused fluid. To give diuretics without some means of modifying this morbid condition of the membrane, seems to me almost as irrational as giving them to remove the fluid from an encysted tumor. It would seem that blisters would have a decided effect in this way, but my experience has taught me that they do not.

Now, have we a remedy which, in its effects, will reach this inflamed serous membrane, and exert such a modifying influence upon it as to relieve its paralyzed absorbents and enable them to take up the effused serum? I think we have; one which will do it promptly and efficiently. It is the time-honored, yet much abused, and I have no doubt much misused remedy, mercury. The older writers have demonstrated that mercury, judiciously administered, has the power of not only checking inflammatory action in serous membranes, but of removing the products of such inflammation; and although this fact, established by our honored fathers in medicine, has been almost ignored by many modern teachers and writers, yet its truth is daily proven by many practitioners fully competent to judge.

My method of treating chronic pleurisy with mercury, is in the form of the prescription which I have heard denominated "The old-fashioned diuretic pill," slightly modified by the addition of chlorate of potassa. My prescription is as follows:—

℞. Potass. chlor., ℥j
Hyd. chl. mit.,
Pulv. scillæ,
Pulv. digitalis, āā ℈j. M.

Make powders No. xx; take one three times a day, for an adult, and a proportionate dose for children. My only object in adding the chlor. pot., is that I can continue the calomel longer without salivation. I direct my patient to continue the powders till they feel slight tenderness on bringing the teeth together. This, in most cases, will occur in from six to eight days. After this, I continue the above prescription, minus the calomel, or some other simple prescription. I have never yet salivated my patient with this prescription. I have not kept a record of my cases, but my almost universal experience has been, that as soon as the constitutional effects of the mercury are slightly manifest, the serum has already begun to disappear, that the dyspnœa is much relieved, and my patient is rapidly returning to a condition of health. From the eighth or the tenth day of treatment the fluid disappears rapidly, so that in from two to three weeks it is all removed, or so far so as to cause but little, if any, inconvenience. I have, myself, been much astonished by the prompt and efficient action of this prescription. If there is pain at the commencement of treatment, I apply a single blister, simply to relieve pain. If no pain exists, I omit this; cups, either wet or dry, may be used if preferred. It may be observed that this is the diuretic treatment, after all. I do not think so, for I have never been able to discover that the quantity of urine was much increased by this prescription; indeed, not so much so as in cases where I have used the saline or vegetable diuretic alone. My idea is that the prescription acts through the effect of the mercury on the morbid anatomy of the inflamed serous membrane, enabling its absorbents to resume their wonted activity. Of course this treatment does not preclude a tonic prescription, if indicated, but I have usually found a prompt removal of the serous effusion

the best tonic applicable. If called to a case where there was necessity of immediate relief of the dyspnœa, I, of course, would tap at once, and "aspiration" is a very neat way of doing this, though I have accomplished my object satisfactorily with a bistoury and male catheter. I have not found this operation necessary since adopting the above plan. In case I relieved my patient by paracentesis, I would put him at once on the above powders, with a view of restoring the membrane to its normal action. If called to a case of pleurisy, either acute or chronic, in the first stage, with pain, febrile symptoms, "friction sound," etc., my treatment is nearly the same; perhaps a cathartic, a blister, or cups, to relieve pain; and I commence with the above prescription from the very first, combined, perhaps, if fever should run high, with some arterial sedative. During the last eighteen months I have been called to quite a number of these cases in the first stage, and when adopting the above plan, have relieved them completely in a few days, and have never in a single instance been troubled with a collection of serum. I don't remember that I have ever tried mercury alone in these cases, but imagine that the effect would be about the same. I have come to regard the "diuretic pill" as almost a specific in the treatment of pleurisy. I am aware that this is strong language, but any of your readers who are skeptical can easily, if so disposed, put my statement to the test, with the first cases of pleurisy that present themselves.

"CINCHO-QUININE."

BY H. B. BRIGGS, M. D.,

Of Westerly, R. I.

The use of cincho-quinine as a substitute for the sulphate of quinia was first brought to my notice in August, 1872. Since that time I have used it with seemingly good results, and as its use at the present time is a subject of comment among numerous physicians, I herewith add my own experience with the comparatively new drug.

As a remedy which possesses the power of arresting morbid periodical movements, its use, in my hands, has been decidedly flattering. Although my experience with it in intermittent fever has, of necessity (on account of locality), been very limited, yet I have used it in several cases, and in every one the results have been good, and in no case has the patient complained of any disagreeable sensation in the head from its use. In several cases of facial neuralgia, the pain occurring in paroxysms, it has been given with decided good results. In one case, the patient a female, the sulphate of quinia was given first, but had to be abandoned on account of the great amount of nausea and vomiting produced. She was put upon the cincho, same dose, and the above unpleasant symptoms vanished. The following case is given as illustrative of its use in simple remittent fever:—

Was called, May 7th, at 10 A. M., to see a patient, C., æt. 34. Found him in bed, suffering from a severe chill; pulse 110; intense cephalalgia, thirst, bowels constipated slight nausea and epigastric uneasiness, pain in back, respiration hurried, although free, tongue furred, no appetite, face flushed, urinary secretion scanty and quite high-colored. The patient's history was thus: Had not felt as well as usual for the past week or ten days. On the day previous (May 6th) had experienced a chill, which was followed by increased heat of body, and moisture, also by a severe and throbbing headache.

Was ordered comp. cath. pil. iij., to be taken at once. Also the following mixture:—

℞. Tr. aconit. rad., ♏lx.
Potas. nitrat, ʒiij.
Aquæ puræ, fl.ʒij. M.

Sig. ʒj. every four hours.

Also,

℞. Cincho-quinine, ϑj. Ft. chart, x.

Sig One powder every four hours, to alternate with above mixture.

May 8th, 3 o'clock P. M. Patient feels about the same as yesterday. Had a chill about 10 o'clock A. M., although not as severe as yesterday's. Pulse 98; headache continues; bowels have moved once, stool very dark; nausea continues; has vomited once or twice. Ordered seidlitz powder; yesterday's treatment to be continued. Also, powder, cincho-quinine, gr. x, to be taken at 6 o'clock A. M. next day.

May 9th, 5 o'clock P. M. Patient feels much better; has had no chill; pulse 88: bowels moved several times; little or no pain in head or back. Ordered powders, cincho-quinine, grs. ij, every four hours.

May 10th, 5 o'clock P. M. Patient feels very much better. Pulse 70; no chill; bowels open;

no nausea; tongue clean; appetite not very good. Ordered the following:

℞. Cincho-quinine. ʒss.
Tr. gent. co.,
Syrup simplicis, āā fl.ʒij. M.

Sig. ʒj. in water, three times a day, before eating.

Visits discontinued.

The above case is one of quite a number treated with the cincho during the past two years, with the same good results. As a tonic, could I have but one preparation, I should prefer the cincho in place of the sulphate. In more than one case have we seen the sulphate disappoint, when a good result followed upon the use of the cincho; although the alkaloids may possess the anti-intermittent power of the bark, it has certainly not been proven that they exert all the peculiar influence of that medicine as a tonic; in fact, clinical experience has proven the opposite. Now, if any one of the salts of cinchona does not possess that property, and they all combined do, it is plain that a drug containing them all, or nearly all, must have a wider scope for action than those containing but a single salt. Such a drug we believe the cincho to be, and shall be disappointed if it does not so prove itself in the hands of our professional brethren.

It is with pleasure that I recall its use in typhoid fever; notes of thirty-two cases of the above fever that have come under my observation during the past two years, in which use had been made of the cincho, but two proved fatal. The treatment was based upon the supposition that typhoid fever was due to a blood poison, which poison exhausts itself in a few weeks at the furthest, if life can be prolonged until that time, and that we have not, or at least do not know at the present time, of a specific. The treatment consisted, in every case, of nourishment, alcoholic stimulus, and tonics. Of the thirty-two cases, the cincho was the only tonic used, with but one exception. In typhoid, one of the greatest dangers is from the severity of the fever. In all fevers of long duration the protracted increased transformation of tissue, on which the feverish overheating depends, induces consumption of the body of the patient. For moderating this fever, the cincho has appeared to be a most efficient remedy. Do not understand me to say that it possesses any abortive properties; the only effect it has upon the disease is to moderate the fever. I usually prescribe one or two grains at a dose, in solution with dilute sulphuric or nitro-hydrochloric acid.

In children, who often show a marked repugnance for the sulphate, the cincho is taken readily, and is seldom if ever followed by any marked gastric disturbance.

A very elegant way in which it may be exhibited to children, is in connection with the "Simple Elixir," a formula for which is found in the Med. and Surg. Reporter, May 23d, page 483.

Editorial Department.

Periscope.

The Use of the Elastic Ligature.

Mr. S. M. Bradley reports the following cases to the *British Medical Journal*, as illustrating very well the advantages derivable from the elastic ligature. A patient suffering from fistula *in ano*, complicated with stricture of the rectum about four inches from the anus, had the fistula divided in the usual way with the knife, when it was discovered that on one side the large abscess which had formed outside the bowel communicated by a long and sinuous track, with the bowel above the stricture. It would have been hazardous to lay open this track with the knife, as it entered the rectum at the point where the right fork of the superior hemorrhoidal artery divaricates from the left. A ligature was, therefore, passed from the ischial opening of the abscess along the fistula, and brought out through the anus. In two days this ligature had cut its way sufficiently to allow the wire-ecraseur to be applied, with which the operation was completed speedily and bloodlessly. While this case is a good example of the advantages, another which was under my care about the same time illustrates the disadvantages of this mode of treatment.

A healthy boy of 14 presented himself among the out-patients of the Manchester Royal Infirmary, with a sessile fibrous tumor, of the size of a large walnut, situated on the back of the metacarpal bone of the thumb. An elastic liga-

ture was applied around the base, a small sulcus being first made with the knife, in which it was looped. Great pain was experienced for the first five or six hours, which, however, gradually subsided, and in seven days the ligature, tightened from time to time, had completed its work, and cut through the base of the tumor. Instead, however, of the advancing granulations, so pleasantly described by Professor Dittel as following the contracting ligature, an angry edge of acutely sensitive and inflamed tissue was left, whence erysipelas spread up the arm, and for a few days the boy was in decided peril. Two months passed before the cicatrix was complete. It seems probable that the same modified praise is to be given to Esmarch's elastic bandage; for, while nothing but good is likely to ensue from its application in such cases as the one which Esmarch so graphically described, viz, the removal of carious bone in an anæmic patient, it cannot but fall into desuetude if it be indiscriminately employed in all cases, particularly in those where some septic condition is present, or when amputation is practiced on account of the presence of some diseased growth. In such cases, not only is it undesirable to squeeze back the germ-laden blood into the general circulation, but, the blood in the limb being already lost to the heart, it is unwise to burden a perhaps already weakened organ with propelling more blood than the system requires. The tourniquet saves to the system all that the system can benefit by, and to return more than this, except in rare cases, where we contemplate transfusion, is unnecessary, if not actually harmful.

Pleuritic Effusion, with Acute Mania, Cured by Paracentesis Thoracis.

Dr. Richard Greene, senior assistant medical officer, Sussex Lunatic Asylum, writes to the *Practitioner*, March, 1874:—

It is to be feared that paracentesis thoracis, for the removal of fluid effused consequent on acute pleurisy is not yet so common as to prevent the following case being interesting to most readers. No operation could have been undertaken under more unfavorable conditions, and yet the result was perfectly satisfactory. The patient's disease had been mistaken by his medical attendant: he was exhausted, from want of nourishment and from a long railway journey, and he was in a state of raving madness, having no knowledge of his surroundings or of his own weakness. Moreover, having no Bowditch's syringe at hand, I had to use an ordinary trocar and canula, conducting the fluid under water by means of a few feet of india rubber tubing. I am satisfied, however, that no air entered the pleural cavity.

A. B., aged twenty-eight (No. on Register, 2228), was admitted into this asylum on the 8th of March, 1873, suffering from acute mania. It was stated by the medical practitioner who certified to his insanity that he was then suffering from pneumonia, but that the thoracic disease had supervened on the insanity, and that they were not related to each other as cause and effect. On admission, mentally he was almost as ill as it was possible for him to have been, and his incoherent ravings were, as is often the case, divided between perverted religious ideas and the most disgusting obscenities, while, physically, he was found to be in a very exhausted state. His pulse 136, weak and compressible, respirations 33, and temperature in the axilla 100°.3. There was little or no respiratory murmur audible on the right side, but it was intensified on the left, and percussion elicited a dull sound over the whole of the right half of the thorax, which was also bulged slightly. It was at once seen that the case was not pneumonia, but pleurisy with effusion. Alcoholic stimulants were carefully administered, and under these the patient to a certain extent revived; but it became more and more evident that the only hope of recovery lay in paracentesis thoracis, which I consequently performed a few hours after admission. Four pints of fluid was removed, and the lung shortly began to expand. Six hours' sleep was obtained by the subcutaneous injection of one-sixth of a grain of morphia. The pulse, respirations, and temperature fell gradually, till they reached the natural standard, and contemporaneously the mental state improved, until reason was quite restored. A course of cod-liver oil and tonics completed the cure, and the patient was discharged on the 31st of May, in all respects well and strong. A few weeks ago I heard from his relatives that he has preserved both his mental and bodily health, and that he is daily employed at his trade.

The Value of Large Injections.

The *London Medical Record* gives a summary of recent studies on injections. The following are the practical results:—

1. Enemata, if sufficiently copious, will reach the small intestine, the ileo cæcal valve notwithstanding, provided there be sufficient propelling force, whether that be gained by a long column of fluid in the apparatus (as in the use of irrigators), or by the patient's position, with the pelvis elevated, favoring the descent of the fluid, or by repeated action of the injecting instrument. For ourselves, we could never see that the valvula Bauhini could ever be regarded as a real obstacle to injections from below, provided these were sufficiently copious; and we had made some experiments at different times, which had given ocular evidence of the extent to which injections had penetrated.

2. Hegar's and Mosler's experiments, and Wilbrand's case, show that it is neither necessary to use complex apparatus, nor to put the patients into awkward and perhaps dangerous positions; since from three to five feet of pipe, with a funnel at one end and a suitable nozzle at the other, is all the apparatus we need; and the patients simply lie upon the back, and the only pressure required is that of the column of

fluid. We may here remark, parenthetically, that we fail to see the pertinency of the long discussion about atmospheric pressure, sub-atmospheric pressure, and the like; because, whether in or out of the body, making allowances for temperature and the varied characters of the gases, we take it that atmospheric pressure may be regarded as a fairly constant unit; were it otherwise, learned professors and their poor patients would alike be crushed by the superincumbent air. The real pressure we have to overcome is that of the patient's muscles, aided in some cases by tense gases in the bowel; for, if any one will insert a tube into the rectum before the injection has come away, he will see the fluid come out in jets or spirts when the patients strain, and less markedly so at every descent of the diaphragm. In certain positions of the body, there is also the difficulty of "making the water run up hill," when we are administering an enema in the ordinary manner, ingeniously overcome by Hégar and Mosler, either by making the water run down hill (or rather down a long tube) first, or by shifting the position of the patient.

3. The safety and efficiency, or the benign action, of large enemata of water, gruel, and the like, is strikingly shown by these experiments. We are strongly inclined, however, to believe that a very small quantity of soap, or of some neutral salt, is even less irritating to the mucous membrane than pure water alone. Except in rain water, or in water which has been frozen, man nowhere finds anything like a pure drink provided for him; and what is true in a superior sense, and, so to speak, *à priori*, is, we think, no less true *à posteriori*.

4. The caution impressed upon us by these experimenters, not to allow air to get into the bowel, or as little as possible, is not an idle one. A very small quantity of air is not only intensely irritating to the bowel, but gives the greatest pain, almost agony in many cases. This fact was well known to our forefathers, although some of the so-called "trained nurses" of the present day, and many practitioners even, seem ignorant of it. Unless the precaution be taken to exclude air, the clyster is certainly not benign. To sum up all, large injections do reach the whole length of the large intestine, and beyond it; they are safe and speedy remedies for fecal accumulations, for some forms of intestinal obstruction (notably intussusception) and internal herniæ; for the treatment of intestinal ulcers, of hemorrhage from the bowels and diarrhœa; for worms, especially oxyurides, and their congeners; as a means of stimulating and increasing the secretion of bile; and of introducing into the small intestine nutritious matters in a state easily susceptible of absorption.

On Cystic Goitre.

A recent writer in the Reporter narrated a case of cystic goitre. Not long since Dr. Morell-Mackenzie, of London, read a paper on that subject before the Clinical Society of that city, an abstract of which we take from our British exchanges:—

At the end of 1873, Dr. Mackenzie had treated sixty-eight cases of cystic goitre, and nineteen of the fibro-cystic variety. Of the cystic cases, fifty-four were cured, eleven were too slight to require treatment, and in three instances cardiac disease rendered it undesirable to employ radical treatment. Of the fibro-cystic cases, eleven were cured, four greatly benefited, and one died, whilst in three cases, the disease being slight, did not call for interference; and one patient discontinued attendance during the treatment. In the cystic cases, the cyst was first emptied with a trocar at its most dependent part. A drachm or two (according to the size of the cyst) of a solution of perchloride of iron was then injected and the canula plugged, the iron being left in the cyst; after seventy-two hours the plug was removed, and the iron solution withdrawn. The plug was then reinserted, and poultices of linseed meal kept constantly applied for a few days (sometimes for ten days or a fortnight) immediately over the cyst. In a few days suppuration was set up, and the plug was then permanently removed, the canula, however, being allowed to remain in the cyst until the secretion was limited in amount and thin in consistence. The duration of treatment was generally from three weeks to four months, according to the size of the cyst, the usual time being from six to eight weeks; if, however, the first injection was removed too soon, the process might have to be repeated two or three times, and thus the duration of the cure would be prolonged. In the fibro-cystic cases, the cysts were first treated in the manner described, and the fibrous structure afterwards attacked with subcutaneous injections of iodine. In the only fatal case—one of fibro-cystic substernal goitre—death suddenly supervened from the injection of air into a vein. In order to avoid such an accident in future, the author now uses a syringe with a long bent nozzle, which is so constructed that it cannot be completely emptied during the injection. With this precaution, he believes that the risk is entirely removed. Several cases were related in detail and the following were the conclusions at which the author had arrived: —1. Any cystic goitre which has attained the size of a hen's egg requires to be actively treated, even when the symptoms are not urgent; 2. Smaller cysts, which give rise to serious dyspnœa or dysphagia, likewise require to be treated; 3. The conversion of the cyst into a chronic abscess is the safest and most certain mode of treatment; 4. Suppuration is best set up by injections of the perchloride of iron, as the disposition to hemorrhage is thereby effectually controlled; 5. Injections of iodine (in cystic goitre) are dangerous, because often followed by sloughing; 6. There is a risk in the treatment by injections of iron, from the occurrence of too profuse suppuration when the cyst has been allowed to attain too large a size before treatment; 7. All operations on the neck are attended with the danger of air entering a vein and causing sudden death;

8. This risk is in proportion to the development of the veins, and the propinquity of the tumor to the heart; 9. In pure cystic goître, the chance of this occurrence is so slight that it may be dismissed from consideration; 10. In certain kinds of fibro-cystic goître, viz., those in which some of the original gland-substance is contained in the cyst, especially in substernal fibro-cystic goître, the risk is at its maximum; 11. The extirpation of cysts is always attended with great danger from hemorrhage; 12. Extirpation is, nevertheless, justifiable where (the symptoms being urgent) the cyst has attained an enormous size, and has a capacity of several pints, but is not directly connected with the trachea or œsophagus; 13. Extirpation is justifiable where such a cyst has already burst and the patient is in danger from an exhausting discharge; 14. Extirpation may also be employed for the removal of a small but distinctly pedunculated cyst, having, for instance, a capacity of two or three ounces, provided there be no large vessels in its peduncle.

Ergotin Hypodermically in Hemorrhage.

According to the Vienna correspondent of the *Irish Hospital Gazette*, ergotin in hypodermic injections has been tried there with great success in hemoptysis, epistaxis, hematemesis, hemorrhage from the bowels in enteric fever, and especially in scorbutic hemorrhages, and generally with success, even though the improvement was sometimes only transient. In cases of hemoptysis the quantity of ergotin that was injected was from 1 to 1½ grains; in exceptional cases this was increased to 7 grains (spread over several days) which was the maximum dose. The local inflammation was always proportional to the strength of the solution. The injections were always made in the neighborhood of the greater pectoral muscle. Usually, shortly after the injection, the skin around the puncture became red and tender, with a sensation of burning and often of pain; sometimes there was swelling and persistent induration, with greenish-yellow discoloration of the skin. In four very obstinate cases of hemorrhage in advanced phthisis, where cavities had already formed, the hemorrhage was checked after from one to three injections; indeed, in one case, a single injection proved sufficient. A solution of 5 grains of ergotin in a drachm of glycerine proved to be the one most suitable for general use. This solution is of a dark brown color, somewhat translucent, and even after it has stood a considerable time, the amount of sediment deposited is very small. It has another great advantage, viz., that it remains for a long time absolutely free from any fungus growth. A Pravaz's injection-syringe, when filled with this solution, contains just a grain of ergotin. The effect of injecting this solution was first tried on several perfectly strong and healthy persons, with the following results: After each injection the number of heart-beats in a minute was lessened by from four to six; a diminution in the size of the arteries was demonstrated by the sphygmograph; the temperature was very slightly elevated, while the respiration remained perfectly undisturbed The proportion between the amount of fluid imbibed within twenty-four hours and the quantity of urine passed was not affected; the appetite, digestion, and sleep also remained undisturbed. The local effects of the injection deserve notice. Generally, very soon after the injection the skin became reddened; this redness was usually circumscribed, but was sometimes diffused. The time it lasted was variable; in some cases but a very short time, in others for several days, sometimes disappearing for a short time only to return again better marked than ever. In some cases when the redness had disappeared there was left a greenish-yellow discoloration, showing the metamorphosis of the coloring matter of the blood. The redness, if very well marked, was often accompanied by increase of temperature, and pain and tenderness at the point of injection. There was, in some cases, swelling followed by induration, which lasted a considerable time; this happened more especially when the watery solution was used; indeed, it was never seen to occur after glycerine.

Obscure Symptoms of Heart Disease.

In a lecture by Dr. W. J. Cummins, of Cork, in the *Irish Hospital Gazette*, he observes:—

A large proportion of chest affections of a chronic kind, which are not generally recognized as of cardiac origin, and which are unattended by any cardiac murmur, belong more or less to slight obstruction of the left auriculo-ventricular orifice, an obstruction insufficient of itself, perhaps, to produce much dyspnœa, but when combined with catarrh, or bronchitis, or other acute or chronic affection of the nutrient (bronchial) blood vessels of the lungs, aggravate those diseases enormously. There are numbers of old people, over the bases of whose lungs crepitation is heard for years (although they may have little or no bronchitis or emphysema, and little or no cough or expectoration), from passive congestion of the air vesicles due to slight mitral contraction, so slight as not to cause a presystolic murmur, and yet sufficient to obstruct the circulation You know that the force which drives the blood from the auricles into the ventricles is not as great or as direct as that which drives it out of the ventricles, hence the frequent absence of murmurs in *very slight* or *very great* obstruction of the auriculo-ventricular orifices, such as is met in cases intermediate between the two. In the very worst case of contraction of the mitral valve which I ever saw, and which I watched closely for about the last two months of life, I never heard a murmur of any kind, and my diagnosis was founded almost entirely upon the peculiar character of the pulse and the pulmonary symptoms, with profuse hæmoptysis. In that interesting case, also, of almost complete obstruction of the mitral orifice by a fibrinous clot, which I

alluded to in my second last lecture, as well as another similar case which I saw with Dr. Tanner many years ago, there was no murmur. It seems to me that in such cases the amount of blood which trickles or leaks through the minute orifice, uninfluenced by any powerful and direct force, such as that of a ventricle, is insufficient to produce the vibrations which give rise to morbid sounds.

New Method of Tying the Umbilical Cord.

Dr. Dickson says, in the Edinburgh *Medical Journal:* Having had three or four cases of bleeding from the umbilical cord, notwithstanding the application of the usual two ligatures, and as the medical attendant may be blamed quite undeservedly in such cases, I some time ago devised a plan which promises to prevent any such annoyance in future. A thick gelatinous cord is that which is most liable to bleed. Although tied very tightly by the "clove hitch" or otherwise, it shrinks away from the ligature; and the moment its diameter becomes less than that of the ligature, the vessels become pervious, and bleeding may ensue; I say may, because in the great majority of such cases it does not. With a view to prevent it in all instances, I began in September last to use what is called "flat silk elastic," which is a ribbon about a sixth of an inch broad, made of about eight threads of india rubber, interwoven with silk. One yard of it will tie about a dozen ligatures, one being sufficient in each case. As it is very strong, it can be tied tightly on the cord, which it follows as it shrinks, so that no hemorrhage can possibly happen. In the specimens shown, the difference between the two kinds is well seen, the one being quite slack, while the other still maintains its gripe.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

Medical Register and Directory of the United States.

It gives us much pleasure to announce that this long-expected, and it is to be hoped useful work, is now ready for delivery. We are assured that the work of expressing copies to subscribers has commenced.

Archives of Electrology and Neurology; a Journal of Electro-Therapeutics and Nervous Diseases, edited by Geo. M. Beard, m. d., etc.

We have received the first number of this new competitor for medical patronage, and most gladly welcome it as filling a niche hitherto unoccupied. Its editor, Dr. Beard, is eminently fitted to cater to the taste of the profession in his specialty, having given abundant proof to this effect by the many and valuable papers from his pen that have appeared from time to time in the columns of other journals. We trust he will meet with the most abundant success. The subject of electro-therapeutics is now of so much importance to every practitioner that we commend those of the profession who desire to be prepared for action to subscribe at once. The *Archives* will be issued semi-annually, at $2.50 a year. Address Dr. Beard, 53 West Thirty-third street, New York.

—In reply to many correspondents, we must say that it is impossible for us to give the price of books noticed in our columns, inasmuch as the publishers do not furnish us that information.

BOOK NOTICES.

The Philosophy of Spiritualism, and the Pathology and Treatment of Mediomania. Two Lectures by F. R. Marvin, m. d., etc. New York: A. K. Butts & Co., 1874, pp. 68.

We think we cannot give our readers a better idea of this book than to quote the preface. "It is a sad thing that in the nineteenth century one can find occasion to write such lectures as these. It is a sad thing that men and women can be found who deserve to be spoken of as these lectures speak of them; but we cannot be blind to the fact that there are thousands of them in the world—they themselves speak of their number as comprising millions. It is not to hold them up to needless ridicule that these lectures are written, nor is it in any way to wound or offend them. Bitter as they are, they are written in pity and love; pity for them and love for the race. Their bitterness is because of their truth. These lectures are not written for spiritual media. Spiritual media are beyond the reach of lectures like these. They are in need of treatment which can be but faintly indicated in these pages. These lectures are written to save those who are about to be drawn into the meshes of Spiritualism, and to them, without further word of preface, the author recommends his lectures." We are fully of the opinion that any one who will waste the requisite time to read this book will be doubtful which most to deplore, the insanity of *media* (sic) or that of the author.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUG. 29, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

The terms of these are as follows, payable in advance.

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	3.00
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Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

DANGEROUS BURNING OILS.

Somewhere we have seen it stated that the injuries and deaths in this country, annually, from the use of dangerously explosive burning fluids, equal in number all the casualties to passengers on our railroads, in the same length of time.

Whether this is literally true or not, we cannot say, but every one who takes the slightest note of the numerous accidents from this cause, reported in the daily papers, must be surprised with the constant danger to life which vast numbers of our citizens constantly incur.

The unscrupulous competition of refiners and dealers, and the general ignorance of the public as to the method of distinguishing dangerous from innocuous oils, favor the perpetuation and increase of these perils.

The Kentucky legislature, at its last session, passed an act to protect the citizens of that commonwealth from explosive oils, which we hope will be carried out rigidly and imitated generally. All such fluids are to be examined by a competent inspector, and if he decides against them, are to be confiscated, and the vendor punished with a fine not exceeding five hundred dollars.

The directions for the inspection of the oils are explicit, and appear to us extremely well calculated to circumvent the duplicity of unscrupulous manufacturers. They provide that:—

An inspector, in the performance of his duties, shall use the standard instruments in use for that purpose, and shall test all oils as follows:—

First. The water cup should have sufficient water in it to rise two-thirds up the side of the oil cup.

Second. Fill the oil cup with oil to be tested to within one-eighth of an inch of the top.

Third. Suspend the thermometer so the bulb is just under the surface of the oil.

Fourth. Use an alcohol lamp to heat the water-bath, and before placing the light under the water cup, test the oil in the oil cup by bringing a lighted match in contact with the surface of the oil. If it does not ignite, place the lamp under the water cup, and slowly heat the oil, not slower than one degree of the

thermometer in a minute, nor faster than two degrees of the thermometer in a minute, moving a lighted match across the surface of the oil at each degree the thermometer rises, not more than three-eighths of an inch from the surface of the oil. If the oil should flash, that is, a little gas burn on the surface, and go out again, remove the lamp, and as soon as the thermometer ceases to rise, test the oil; and should it not ignite, replace the lamp, and test the oil each degree the thermometer rises till the oil ignites or permanently burns. As soon as the oil ignites or permanently burns, the degree indicated by the thermometer is the fire test of the oil. The flame moved across the surface of the oil should not exceed that of an ordinary match.

All oils and fluids specified in section one of this act that ignite or permanently burn at a temperature of one hundred and thirty degrees Fahrenheit and upward shall be approved by the inspector; and the barrels, casks, or packages containing the same shall be branded or marked by him with his name, official character, and the words "*standard oil;*" and all oils and fluids aforesaid that ignite or permanently burn at a less temperature than one hundred and thirty degrees Fahrenheit shall be condemned by the inspector, and the barrels, casks, or packages containing the same shall be branded or marked by him with his name, official character, and the words "unsafe for illuminating purposes."

If these measures are enforced, as we have no doubt they will be, intelligently and fairly, they will benefit not merely the State in which they were enacted, but others also, as manufacturers will not like the notoriety which a condemnation of their goods in Louisville or Lexington will be pretty sure to give them.

Notes and Comments.

Therapeutical Notes.

REMEDY FOR TOOTHACHE.

℞. Carbolic acid, saturated solution.
Hydrate of chloral, saturated solution.
Camphorated tincture of opium.
Fluid extract of aconite āā fl.℥j.
Oil of peppermint fl.℥ss. M.

Apply by saturating a pledget of cotton (or preferably a small piece of sponge), and pack closely into the cavity of the decayed tooth. —*Dental Cosmos.*

TO CHECK VOMITING FROM COUGH.

Consumptives and others suffering from paroxysms of cough frequently vomit their food in such paroxysms. Dr. Woiliez recommends swabbing the pharynx before eating, with a concentrated solution of bromide of potassa,

℞. Potas. bromid. ℥ij.
Aquæ destil. ℥iv.

warning the patient not to cough for a few minutes after the application. The same treatment is recommended for the vomiting of pregnancy. It is said to be very successful.

CORYZA.

Dr. J. S. Prout relieves this troublesome affection by the use of large doses, twenty to thirty minims, of tincture ferri chloridi. If the cure is not complete repeat the dose in two or three hours. A few doses only are necessary. —*Medical Record.*

BICHLORIDE OF METHYLENE.

Dr. B. F. Dawson, of New York, claims for this anæsthetic, in comparison with ether and chloroform, that it is pleasanter in odor; more rapid in effects; induces no muscular excitement; recovery is more rapid and complete; nausea and vomiting are rarely induced by it; it is not so depressing, and respiration is more regular and free; requires but a small amount.—*New York Medical Record.*

BROMIDE OF AMMONIUM.

Dr. J. K. Black, Newark, O., in the Cincinnati *Lancet*, suggests

℞. Ammonii bromid. ℥j.
Syrup aurant. cort.
Aquæ āā fl℥iij. M.

A teaspoonful before tea and bedtime, commencing ten days before the expected period, in cases of menorrhagia.

Danger in Hair Oils.

The *Laboratory* says:—Many hair oils are colored with aniline red, instead of the long-used anchusa, which answers every purpose, and should be continued. A hair dresser had been accustomed to use a hair oil composed of castor oil, colored with aniline red. A patron, whose head had been dressed with this oil several times, became aware of a disagreeable itching in the scalp, similar to that produced by arsenic. Inquiry traced the presence of arsenic in this aniline coloring, and by a discontinuance of the oil the eruption disappeared.

Bone Felon.

The London *Lancet* says: As soon as the disease is felt, put directly over the spot a fly blister, about the size of your thumb-nail, and let it remain for six hours, at the expiration of which time, directly under the surface of the blister, may be seen the felon, which can instantly be taken out with the point of a needle or a lancet.

Singular Order.

An order just received by a chemical manufacturing firm of Indianapolis, Indiana, for one thousand pounds of potato bugs, may be classed as one of the curiosities of commerce. It has been discovered that these insects possess qualities which make them a good substitute for the Spanish fly, and there is a prospect that from being regarded as an unmitigated pest they may become a source of actual profit.

A Chemical Testimonial.

It gives us much pleasure to give publicity to the following testimony in behalf of a well-known firm:—

125 Fort St., W.,
Detroit, *July* 16, 1874.

W. R. Warner & Co.—*Gents:* In accordance with your request, I procured of your agent. in this city, a sample of your sugar-coated Quinia Pills, which I have submitted to a careful examination. with the following results:—

Gross weight of (2 gr) pill. 5.4 grs. (average of 20 pills). The weight of single pills varied between 5.13 and 5.64 grs. The samples of five pills each yielded of alkaloid, soluble in ether, respectively 463, 465, and 469 milligrammes. These quantities would correspond respectively to 9.52, 9.56, and 9.64 grains of crystallized sulphate of quinia. It is possible, as you suggest, that the excipient may interfere somewhat with the complete extraction of the alkaloid by ether; in any case, I consider myself justified in saying that the pills are fairly what they claim to be. While many of the pills in the market contain an inferior quality of quinine, I find *these* are made of the best material. In confirmation of the direct analysis, I estimated also the sulphuric acid contained in your pills. I ascertained, in the first place, that the pills contained no excess of acid, no mineral bases, which might be combined with a portion of the acid in question. In absence of these, I considered the results obtained in this way tolerably reliable and exact. Six of the pills, precipitated by barium chlorid., yielded, in two experiments, respectively 208 and 210 milligrammes of barium sulphate. Twelve grains of sulphate of quinia would yield a precipitate weighing about 207 milligrammes. The result was, as you see, perfectly satisfactory. The figures. indeed, are surprisingly close, considering how much the pills, individually, vary in size. It was an oversight not to have weighed the pills I used in each experiment. Possibly the quantity of quinine varies as much as the gross weight of the pills, which would admit of a range of 5 per cent. above and below the average. In conclusion, I take pleasure in testifying that your Quinine Pills are, practically, just what they claim to be, whether by analytical tests or by the therapeutic effects obtained from them.

I must not be understood to say that yours are the *only* pills which come up approximately to the standard. I should be doing injustice to more than one reputable and really honest firm.

Respectfully yours, A. B. Lyons, M. D.,
Analytical Chemist.

The Alcoholic Strength of the Various Bitters.

Mr. Henry Vaughan, State Assayer of Rhode Island, has made a chemical examination of thirty-five samples of "bitters," including all the more important ones found in the market. His report to Sheriff Holden gives the following percentages of alcohol in the various samples:—

	Per Cent.
Hostetter's Stomach Bitters	43.20
Baker's Stomach Bitters	40.57
Drake's Plantation Bitters	30.24
Sol. Frank's Panacea Bitters	37.20
Mishler's Herb Bitters	36 80
Dr. R. F. Hibbaw's Wild Cherry Bitters	35.89
Rush's Bitters for the Stomach's "Sake"	34.30
Dr. Fisch's Bitters	32 16
Baker's Orange Grove Bitters	25.70
Speer's Standard Wine Bitters	25.49
Traveler's Peruvian Bitters	22.40
Dr. Clarke's Sherry Wine Bitters	22.40
California Wine Bitters	18.20
Dr. Wheeler's Tonic Sherry Wine Bitters	14.66
Atwood's Quinine Tonic Bitters	40.10
Dr. Holmes' Golden Seal Bitters	34.24
Dr. Job Sweet's Strengthening Bitters	31.41
Webber's Strengthening Bitters	26.87
Flint's Quaker Bitters	22.99
Restorative Bitters	20.54
Luther's Temperance Bitters	16.68
Richardson's Bitters	59.14
Armington's Bitters	33.26
Davis' Bitters	30.50
Colton's Nervine Bitters	29.73
Dr. Warren's Bilious Bitters	29.60
Hartshorne's Bitters	27.35
Atwood's Jaundice Bitters	25.60
Puritan Bitters	25.60
Dr. Langley's Bitters	24.41
Dr. Hoofland's German Bitters	20.85
Oxygenated Bitters	19.28
Walker's Vinegar Bitters	7.50
Dr. Pierce's Bitters	6.36

—*The Laboratory.*

Correspondence.

FOREIGN.

Medical Jottings Abroad.

Ed. Med. and Surg. Reporter :—

As you kindly asked me to write you such occasional items of medical interest as I might come across in my travels, I take pleasure in doing so, though, to tell the truth, the care of my own health has occupied me more than that of other people, since I left America.

Somewhat to the surprise of the profession, this summer, on the continent, is a very healthy one. I say, to the surprise, for many supposed the cholera would be quite generally diffused, and the unusual heats we have experienced would, it has been feared, lead to other serious epidemics. Whether owing to this immunity or not, the International Medical Congress at Vienna has excited very little interest outside of those immediately concerned in it. Not one of the Vienna papers thought it worth while to send a reporter to its meetings. It has, however, quietly accomplished what I regard as a most important action, in the organization of an International Epidemiological Association, the details of which I shall not send you, lest you may find me repeating what you may have already published. Suffice it to say that it seems to me that our worthy ex-President of the American Medical Association, Dr. Toner, seems substantially forestalled in the scheme he laid before the Association, at Detroit, this year. Such united action by the leading sanitarians and physicians of different countries is an imposing sight, and one sure to affect most beneficially the standard of health of communities.

While on the topic of public health I should be glad to give you some vital statistics of the country in which I am; but, singular to say, Switzerland, so perfect in most of the machinery of its federal government, is least so in the arrangement of its statistics. The Canton of Geneva, for example, insists on commencing its statistical years at a different period from any other Canton. Hence, an accurate comparison becomes impossible. It is to be hoped that the Boards of Health of our various States will not be thus contrary.

A curious discussion has engaged attention lately in regard to these statistics. To explain it, I must go back a little ways in the history of sanitary science. Twoscore years ago it was supposed that the mean age of the inhabitants of a community is increased in *direct* proportion to the average healthiness of the community. Dr. Horn, of Brussels, showed, however, that this supposition is erroneous, as in the manufacturing towns, where there is a very heavy infant mortality, the average age of the inhabitants is greater than in salubrious agricultural districts, because in the latter the large number of living children reduces the average age of the living. Hence, that statistician interpreted the statistics to mean that the mean age is increased in *inverse* proportion to the general health. This singular position has been subjected to a special re-examination in Switzerland this last year, with the result, certainly, to weaken Dr. Horn's conclusion, but not to overthrow it. I should say the upshot of the discussion is to leave it quite doubtful whether the average age has any bearing at all on the general salubrity of a country!

I have passed so little time in cities that I have had no opportunity to visit hospitals or medical societies. I notice in the papers that the Medical Society of Berne recently met to discuss a paper treating upon the maladies to which operatives are subjected in certain processes of the manufacture of watches. It was decided to request that the Department of the Interior would see to the strict application of the law relative to the sale of poisons; and the Medical Society also resolved to ask the Society of Swiss Naturalists to offer a prize for the discovery of another substance to replace the poisonous cyanide of potassium which is now used in electro-gilding.

Though it is not strictly a professional item—and I am mindful of your hint that I should not stray from the path of scientific jottings—it will nevertheless interest those who urge the medical education of women, to hear that the Canton Schwytz has this summer formally declared every profession, trade, school, office, and civil right equally open to both sexes. Every legal distinction is done away with. I believe this little Canton is the first community in the world to take this step. To be sure it is almost the smallest commonwealth in the world, but the point of the wedge is always its smallest part. The rest follows. Still more strange is it that the ultramontane element in the Canton was the most active in this reform.

I shall conclude with a few words on veterinary science. The foot and mouth disease of cattle is exciting much alarm in Switzerland. In every railroad station one sees posters giving detailed instructions about the inspection of cattle, and forbidding the transportation of diseased individuals. In Prussia a remarkable mortality has broken out among the herds of deer, etc., in the public parks; the disease is an inflammation of the spleen, *milzbrand*. It is said to be communicable by inoculation to the human subject, even the bite of a fly which has lately been on a sick animal producing painful and alarming symptoms. No remedy for it has been discovered.

But lest I take up too much of your space with this gossip, I close with assurances of my continued esteem for the Reporter.

Amicus.

Geneva, Switzerland, Aug. 7, 1874.

Hernia Cured by Orchitis.

Ed. Med. and Surg. Reporter:—

An interesting case came under my notice in January last. A young man came to me for treatment of gonorrhœa; he had a double hernia, which had annoyed him for years, and which he found great trouble in keeping up. I prescribed for his gonorrhœa, and in a short time the discharge entirely ceased, and he appeared to be cured. About a week after this he was seized with a violent swelling of the testicle on the left side, following a spell of drinking. The swelling was confined principally to the cord, extending up as high as the internal ring, and drew the testicle up against the abdomen as if it had been strapped there. When the swelling had subsided, he found that the hernia did not come down any more, and at this time, nearly five months after the accident, the cord is thick and hard, the canal entirely obliterated, and his hernia cured on that side.

Oscar Leedom, M. D.

Montgomery Co., Pa.

Amputation of the Uterus and Vagina.

Ed. Med. and Surg. Reporter:—

Mrs. N., æt. 25 years, mother of four children, was confined March 4th, 1874, and gave birth to a full grown child at full term of her pregnancy. She was attended by a midwife in her confinement, who extracted the placenta by making strong traction on the cord. The placenta was adherent to the walls of the womb, and this led to complete inversion of the uterus and vagina. The midwife wished to conceal the mischief she had done from the patient and her friends, or else did not know really what had occurred, so the woman remained in that condition till the end of two weeks, at which time I was summoned to see her. On examination, I found the womb completely inverted, very much inflamed and swollen, with a dark spot on the fundus about the size of a silver dollar; her pulse was 120 beats to the minute; she was very restless and haggard, with anxious expression of countenance. I had Drs. Stephenson and Brown sent for, and on a thorough examination of the case it was agreed to amputate the parts, as the only means of relief for the patient, as evidently gangrene had set up in the fundus of the uterus, and if reduction were practicable, we could not expect recovery under the existing circumstances. Suffice to say that all necessary arrangements were made, and the patient was placed in the position for the operation of lithotomy. She was fully placed under the influence of chloroform by Dr. S., while I commenced making an incision with a scalpel on the left side, down to the vaginal arteries; a sponge was then applied with Monsell's solution. I then took up both arteries and ligated them, and with a needle and thread stitched up the veins, after arresting the hemorrhage. The other side was treated in the same manner. I then secured the parts entirely, and returned the remaining portion of the vagina back, and washed the parts out clean with a solution of sugar of lead and tannin. Meantime the patient was roused and given a little brandy, which she threw up in a few minutes. A mustard plaster was applied to her stomach, and a little more brandy given her, which she retained. A full dose of opium was administered, and the patient put to bed. A pledget of lint saturated with creosote and glycerine were placed in the vagina and retained by a T bandage, which was let remain twenty-four hours, when it was removed and the parts washed clean and a new application made. One grain of opium was ordered every six hours, with port wine every two hours.

This course was continued for one week, at the end of which time all her symptoms seemed to be improving. I then ordered a wash of the permanganate of potassa twice a day, which was continued one week longer. At the end of that time I ordered a wash of nothing but lukewarm water, and at the end of one month's time, strange to say, the patient was able to walk about her room, and at the present writing is entirely well, and enjoying as good health apparently as she ever did.

E. G. Bradley, M. D.

Cotton Plant, Ark.

Chorea in the Black.

Ed. Med. and Surg. Reporter:—

A query on this point, from Dr. S. Weir Mitchell, appeared in the Medical and Surgical Reporter for July 25th, 1874.

I have under treatment one case of chorea, in a black child, P. Lewelen, aged three years and six months; only the left side is affected. The boy, in other respects, appears healthy. This is the only case I have seen in twenty years' practice. I have treated one case of traumatic tetanus in connection with the late N. E. Liggette, M. D., which resulted in death. Spasms from over-distention of the stomach, worms and fever, are, according to my experience, more common in black children than in white. I attribute this to neglect on the part of the parents, and improper food, want of cleanliness, etc.

G. P. Phillips, M. D.

Holly Springs, Miss.

News and Miscellany.

Druggists' Commissions to Doctors.

The *Evening Star* says:—The retail druggists of Chicago have taken this action:—

Whereas, The practice of paying commissions to physicians in any form is in direct opposition to the principles upon which this college was established, if not a violation of the strict wording of its code of ethics; it is therefore

Resolved, That the maintenance of just and honorable relations between physicians and druggists or pharmacists is a matter of the high-

est import to our college, and we do not hesitate to condemn a system that substitutes a money consideration for the just claims of merit and education.

[This is apropos of our editorial of a recent issue. Now let our respectable druggists of Philadelphia follow this lead. The brave words spoken by the Northern Medical Association of Philadelphia, under a similar provocation, some seven or eight years ago, would bear repetition and imitation by the Philadelphia County Medical Society, and all the other kindred bodies of this city.]

Bellevue Hospital.

The following gentlemen have been removed from the Medical Board of this Hospital: Drs. Isaac E. Taylor, L. A. Sayre, J. J. Crane, J. W. S. Gouley, Fordyce Barker, Frank H. Hamilton, Alex. B. Mott, T. M. Markoe, Austin Flint, Jr., William Polk, W. T. Lusk, and E. G. Janeway. What does this mean? Where are the men to fill their places? Is not this an excellent proof of the great wisdom of our legislators?

We regard this as the most forcible reply to all who propose the placing of our hospitals, schools, etc, in fact, the profession itself, under the protection of those who are chosen by the masses to govern, under the name of a republic.

Steam Whistles.

We are glad to learn that Massachusetts is to be partially relieved of this intolerable nuisance. How long is Philadelphia to suffer? The list of frightened horses, broken vehicles, maimed and *murdered* citizens, not to mention those who are done to death in what should be the sacred privacy of their homes, is sufficiently long. The American is a long-suffering being, but we predict some day an uprising, from this and kindred causes, that will shake up things, and give a better atmosphere, only, like in a natural thunder storm, some damage may first be done.

Another New Weekly.

We hail the advent of the Louisville *Medical Reporter*, edited by Drs. J. L. Cook and Jas. M. Holloway. Come in, there is room for all, without crowding. So don't quarrel.

Items.

—Dr. J. L. Babcock, of Hallowell, Maine, and Mr. Thomas Sanborn, of Boston, were killed by lightning, on an island in East Winthrop Pond, during the severe thunder-shower of the 14th inst. Their bodies were found the same afternoon, at three o'clock. Dr. Babcock's watch stopped at 8.27 o'clock, indicating the time of the sad event. The two men were out fishing, and sought shelter under one of the trees of the island from the fury of the storm.

—Dr. Cyrus K. Fiske, formerly of Providence, Rhode Island, committed suicide, a few days since, at St. Johns, N. B. He was slowly dying of pulmonary disease, a fact which preyed upon his mind, and doubtless produced temporary insanity, during which he shot himself through the head with a small Ballard rifle.

QUERIES AND REPLIES.

T. H. Whitacre.—The best for your purpose are Fowne's Chemistry, $2.75, and Dalton's Physiology, $5.25.

Dr. Cohen's paper on Fetid Coryza is not for sale. Only a few copies were printed for private distribution.

Benjamin Musser.—We are making the requisite inquiries, that we may give you a satisfactory reply.

J. H. Thompson—The additional paragraphs were not received. Will be glad to receive report of the meeting to which you allude.

Physicians in France.

Paris Correspondence New Orleans Picayune.

There are in France cities of 15,000 inhabitants which have not one single physician; there are cities of 20,000 inhabitants which have but one physician, and he not a graduate of a medical school. There is always posted in the arcade of the Paris Medical School the names of fifteen or twenty towns or villages which have no physician, and wish one. Lille is a city with a population of 200,000 souls; it contains only forty-three physicians. Roubaix is a city of 76,000 souls; it contains only eight physicians. The counties in which there are fewest physicians are the counties in which the percentum of mortality is highest.

W. A. Townsend, Abingdon, Ill.—We doubt very much that there is the slightest shadow of truth in the above, and would not advise any one to act in accordance with any such statement.

DEATHS.

HENDERSON.—In Pittsburg, on Wednesday morning, at 5 o'clock, Mary, wife of Dr. Wm. Henderson, in the seventy-second year of her age.

LEWIS.—On Saturday, August 8th, Hortense, wife of Edson Lewis, and youngest daughter of the late Dr. William Witter, of Willimantic, Conn.

MCCLELLAND.—On the 18th inst., at her residence in Germantown, Mrs. Annie Barnes McClelland, daughter of the late Judge Joseph Barnes, and wife of Medical Director James McClelland, U. S. N.

MCCLURE.—At Warsaw, Ky., Dr. Virgil McClure, August 1 th, 1874, at the age of sixty-seven years.

POHLE.—At Georgetown, Col., on Monday, July 27th, Rebecca M., wife of Dr. Julius G. Pohle, and daughter of the late Edwin B. Clayton.

RICHMOND.—At Derby Line, Vermont, August 5th, Dr. Lemuel Richmond, aged seventy years, formerly of Woodstock.

SCRIBNER.—At Tarrytown, N. Y., on Friday, Aug. 21st, Rebecca Scribner, relict of the late Dr. Joseph M. Scribner, in the seventy-sixth year of her age.

WHITALL.—On the 10th inst., at Washington, Dutchess County, N. Y., Francis C., son of Dr. Samuel and F. Cornelia Whitall, aged two years and fourteen days.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MASSAGE.

BY DOUGLAS GRAHAM, M. D.,

Of Boston, Mass.

(Read before the Massachusetts Medical Society, June 2d, 1874.)

[In furnishing the following suggestive paper for the pages of the REPORTER, I will ask of the editor the liberty which has been accorded me by the author, of adding an occasional note on such points as my experience in regard to this most valuable therapeutic means, now extending over a period of thirteen years, enables me to recognize as of especial importance. BENJAMIN LEE, M. A., M. D., 1503 Spruce St., Philadelphia.]

Massage is, in its widest acceptation, a hygienic and therapeutic agent, consisting, not of friction, percussion, pressure, or movement alone, but of a permutation and combination of all these varied modes of applying force to the surface and underlying tissues of the human body. In its most limited sense, it is understood by the profession at large as "rubbing;" but its preëminently useful manœuvre is what the word massage literally implies, viz., kneading—pressure with movement—malaxation. Thus the "Universal Dictionary of Materia Medica and Therapeutics," in saying "that there are reasons for believing that massage has upon the skin the advantages of friction, that it acts, above all, upon the muscles, etc.," evidently recognizes kneading as the important measure.

Such seems to me to be the definition of massage, after having consulted half a dozen authors, one of whom says the word usually comprehends too much, another too little, a third—Piorry, in the "Dictionary of Medical Sciences"—that it is difficult to define, while none of them trouble themselves to construct an exact definition of the word.*

*The employment of the words "rubbing" and "rubber," to designate the complex system of manipulation under consideration and the individual practicing it, by those of the profession who are intelligently aware of its remedial value, as well as by those who ignorantly sneer at it, is peculiarly unfortunate, for two reasons.

First, from its effect upon their own minds, leading them to look upon the operation simply as a means of temporarily influencing the superficial circulation, and of diminishing cutaneous hyperæsthesia, and to overlook entirely its permanent effects upon the deep seated tissues and organs, thus depriving themselves and their patients of a most valuable auxiliary in the management of a large class of chronic affections, involving visceral congestion and loss of equilibrium between the nutrient and the emotional and nervous systems. In a word, the inadequacy of the designation, intended to be descriptive, induces an entirely inadequate conception of the nature and capacities of the method described.

Secondly, from the effect upon the mind of the public, who are led on the one hand to suppose that a service with so simple a name can be rendered by any one, however unskilled, and hence to substitute for the attendance of the trained manipulator the rude efforts of the ignorant housemaid, never serviceable and often injurious; and, on the other hand, to lend a ready ear to charlatans, who attribute the amazingly successful results which they owe to this method to mesmerism, animal magnetism, spiritual interference, and other occult influences.

Instances of the former unfortunate misapprehension, and of the difference between massage and "rubbing" as efficient therapeutic agents, are afforded in the cases of Mrs A., and Miss C. M., reported in the course of this paper. Another has occurred to myself within the present week. Mrs. S., residing in one of the suburbs, called upon me last Spring, desiring to place her daughter under my care for an injury to the knee joint, which had remained for some time stationary, and arrangements were made for her to become an inmate of my house for a definite period. In a few days she again called, saying that the limb was being rubbed by the servant girl, and her physician thought that it would not be necessary for her daughter to come into the city for treatment. And now, nearly three months of valuable time having been lost, she again calls, announcing little or no improvement, and again solicits my aid. It is not too much to say that there are hundreds of helpless sufferers in this city to-day being faithfully but ignorantly "rubbed," without benefit and without prospect of benefit, who might, by a skillful application of massage, be speedily restored to health, comfort and usefulness.

Those who, on philological grounds, object to the introduction of a foreign word into our medical vocabulary, have their choice of its English syno-

HISTORY.

Having been used in some form or other in all ages, among savage as well as civilized nations, we must infer that the origin of massage is "lost in the night of time." We read that Pythagoras used it with his own hands, that Plato reproached Herodicus for protracting the lives of feeble persons by causing them to have their bodies rubbed every day; and the pupil of Herodicus, Hippocrates, says that "massage will bind closer an articulation too lax, and will relax an articulation too rigid." Martial undoubtedly refers to this art in saying:

"Percurrit agili corpus arte tractatrix
Manumque doctam spargit omnibus membris."

In later days Sydenham, Bœrhaave, Van Swieten, and others, have all written in favor of this means of treatment.

Without some knowledge of physiological anatomy the *masseur* will be likely to grasp and press upon the large arteries in their superficial course, and as the parts are more sensitive in such regions, viz., the flexures of the joints, he will also be likely to hurt the patient unnecessarily. He will mistake the origin of the more powerful muscles and the fascia lata for an abnormally rigid condition, and will consequently "pull away at them with a vengeance," so as to mollify them to what he regards as a healthy consistence. He will not know how to malaxate the muscles in the manner that is usually most effective and in harmony with the returning circulation, viz., from their insertion to their origin; first, transversely to their fibres, then obliquely; thirdly, parallel to their course, and lastly, to finish by a gentle rotary motion equalizing and combining the virtues of the previous three.*

PHYSIOLOGICAL ACTION.

Let us now briefly glance at the mode of application of massage, and at what seems to be its physiological action in that class of cases, for example, in which it is so successfully resorted to as a means of relief from the prostration resulting from overwork, or the result of nervous disturbance and loss of muscular force—inertia. As no instrument can be devised like the hand, with movements so varied, and under the guidance of muscular sense and consciousness, we may safely say that it is the best for this kind of work. The process should be begun with gentle friction, gradually increasing in force, and from the extremities to the trunk, in order to further the flow of the venous current. By this procedure the vaso-motor nerves would seem to be stimulated, as evinced by the diminished size of the visible veins. By mechanically

nym, *kneading*, of *malaxation*, not a new word, and of *manipulation*, all of which convey some idea of the true nature of the process. The Hindoo, *shampoo*, now thoroughly Americanized, is in our language confined to the designation of this operation on the hairy scalp, with the delightful sensation and beneficial results of which we are all familiar.

* The careful adherence to the use of the word "rubber" alluded to above, to the exclusion of any more appropriate and more scientific term, is due to the same mental bias that discourages every mental attempt to reduce the system itself to a scientific basis, and strongly objects to the possession of any medical or anatomical knowledge on the part of those who practice it. The author does well in pointing out the importance of such acquirements to the attainment of the greatest degree of success. It is idle to claim that a man grossly ignorant of the nature, function, form and tissue of the organs whose action he is seeking to modify can manipulate them with the same assurance of safety even, not to say of benefit, as one who has a thorough knowledge of the delicate organism under his hands.

Every practitioner has met with cases which not only have received no benefit, but have been positively injured, by the blundering efforts of men of the former character. Massage is not a means which can be trifled with, any more than arsenic or the scalpel. If potent to cure, it is also, in incompetent hands, like those agents, although to a much less degree, able to harm.

There is still lurking in the minds of the profession in this country a strong leaven of that old scholastic prejudice which made everything but writing a formula in cabalistic characters and an unknown tongue for the compounding and administration of drugs, an act unworthy the dignity of a medical practitioner. This prejudice it was which kept the surgeon, because he ministered with his own hands (cheir urgeon) to the necessities of his patients, for so many hundred years, on the level of a mental, coupling his art with that of the barber. This it is which has so determinately barred the way to the introduction of that most invaluable agent, galvanism, keeping it in the hands of ignorant quacks who have not been slow to avail themselves of its wonderful curative powers, and have reaped fortunes from its use. This it is which has made us so obstinately blind to the remedial action of pure water applied to the surface of the body, and has left almost exclusively to irregular practitioners the solid triumphs of hydrotherapy; so that to-day scientific Germany is calling upon us, with her grand successes in the treatment of fever, to con once more the neglected pages of our own Currie.

I know of but one parallel in history to the unintelligent and impolitic treatment which we have seen fit to accord to these and kindred auxiliaries in our great war with disease, and that is to be found in the unwise attitudes assumed by the Church of England toward those who have from time to time desired to introduce new methods of accomplishing within her fold and jurisdiction the same benign ends for which she considers herself appointed. But for her intolerance and want of liberality towards individual development and class peculiarities, the vast host of Methodism and Independence might to-day be marching under her banners and contributing to her strength. How differently does the astute Church of Rome, the embodiment of human wisdom, deal with such movements in her midst. Because a man with the spirit of prophecy upon him has not the polish of a Bossuet or the learning of a Fenelon, is no reason to her why he should not preach the gospel to his fellow sinners. She claps a gray friar's robe on him and bids him God speed in her own name, and hers is the glory of his successes. So, if we were not so eaten up with the sense of our own self-asserted dignity as to lose all idea of policy, would we press these untutored, but often well-meaning and useful men into our own service, make their self-acquired knowledge ours, elevate it to its true scientific plane, add to our resources, and save ourselves many an *opprobrium*.

pushing the blood onward, the forces which carry on the circulation are also, for the time, relieved from labor in the part thus treated. As a natural result, if the skin has been uncomfortably hot by reason of the physiological evening fever, it is thus rendered cooler in relation to the parts which have not been so treated. A stronger to-and-fro use of friction will generate warmth, as is well known.

After friction sufficient to cool or warm a convenient portion of the surface, the massage, properly so called, or kneading, may be used. This is best done by not allowing the hands to slip over the skin while making pressure and movement, but compelling the skin to glide over the subjacent structures. The effects of the surface friction are by this means enhanced; the skin becomes soft, moist, and supple; a new sensation pervades it; a combined effect has been produced on the secretory, excretory, and nervous structures of this membrane, which radiates throughout the system as an exalted feeling of comfort. At the same time malaxation exerts a favorable influence upon the superficial fascia and muscles, whereby the state of the former known to the veterinary surgeon as "hide bound," when it exists (and if looked for it will be found as often in men as in horses, either generally or locally), is replaced by the characteristic of the more agile quadrupeds viz., ability of the skin to move freely on the tissues beneath it. Consequently, the vascular and nervous circulation through this fascia are no longer impeded. The muscles, from a collapsed, inert, or rigid condition, resume their fullness and elasticity, as distinctly evidenced by a more normal response to faradization. Though heat be generated in the muscular tissue by means of massage, yet the exhalation from the skin is such as to produce a corresponding lowering of temperature, so that but little actual change can be observed.

Dr. Brown-Séquard says that by means of *percussion*, muscles may be made to contract for many hours after death. In life, this is a good measure to employ upon muscles that are deficient in contractility, while it rapidly induces a hyperæmic condition of the skin. Percussion, with the ulnar border of the hands alternating rapidly down the muscles on each side of the spinal column, is an agreeable stimulant.

After having sufficiently administered these manipulations to our patient, it is not unusual to hear him say that he feels as though he had just returned from a month's sojourn in the country; or, if malaxation alone has been used, we may leave him in a refreshing slumber, to which he has long been a stranger.

In those cases in which, whether from excessive weakness or impairment of locomotion, ordinary exercise is impossible, we may avail ourselves of *movements*, active, passive, or mixed. The last are such as the patient is able to make against an opposing force, usually the hand of the *masseur*, or such as the *masseur* may see fit to make against the movements of the patient, employed so as to strengthen the enfeebled parts, and also the power of the will over them. By this means the effect of muscular contraction in emptying the arterioles and filling the venules is greatly increased, whilst the reverse is taking place in the antagonizing group of muscles; because the hand of the *masseur* supplements the natural resistance of the relaxing muscles, thus necessitating a greater effort of the will on those which are contracting. But such movements may be useless, or even worse than useless, if the rigid or contracted condition of the muscles and the *matting* of the areolar tissue have not been previously removed by proper kneading. Indeed, it is too often the case that over-exercise both of will and muscle has induced this condition. If so, in malaxation alone can we obtain the benefits of exercise without the aid of the patient's will.*

"Those who submit to massage," according to Sarlandière and others, "experience an ineffable sensation of comfort and of exhilaration; it seems to those who are debilitated and stiffened by fatigue or age, that the muscular elasticity of youth is reawakened under the hand which presses them; that the forces re-establish themselves; that the play of all the functions is carried on more freely. The fatigue, above all, which results from the abuse of walking, the loss of sleep, or the abuse of the pleasures of love, disappears even while undergoing massage."

* In introducing the subject of active, passive, and acto passive exercise, the author is transgressing somewhat the limits of a paper on Massage, and entering on the broader domain of Kinesipathy, or the Movement Cure, a department of medicine whose resources are but beginning to be understood and recognized, massage simply constituting one of them. The relation of muscular contraction to excretion and blood depuration, to which a new interest has been added by the careful observations of Flint and Doremus, in the case of Weston, the pedestrian, needs to be thoroughly appreciated, before this subject can be approached with any likelihood of intelligent comprehension. It is here simply mentioned in passing.

"Perfectly *masséed*," says Savary, "one feels quite regenerated; a sense of universal well-being pervades the whole system; the blood circulates with facility, and we find ourselves liberated from an enormous load; we experience a vivacity till then unknown. * * * The imagination wanders about the universe, which it adorns, sees everywhere smiling pictures, everywhere the image of happiness."

Thus we find the influence of massage described upon the functions of relation. The ease of co-ordinating movements which is often induced, is correlated by the almost entire unconsciousness of effort in so doing. The voice may now convey the expression of clear thought in a calm and forcible manner.

Concerning the organic or vegetative functions a few words may be said.

Apropos of digestion, there is truth in the old adage, which says, "Laugh and grow fat;" shake up the chylopoëtic viscera, is the doctor's language for the same process. The results of massage upon the abdomen generally, I think, would warrant one in saying that the muscular fibres of the stomach are thus stimulated to contract whilst the gastric juice is secreted with greater rapidity; hence its use in that group of too well known symptoms which make up dyspepsia. Upon the small and large intestines a similar effect seems to be produced, whereby the muscular and mucous coats act more vigorously, thus facilitating chylification and the absorption of the chyle, as well as rendering the expulsion of the fæces more easy and regular. Absorption manifests itself by a diminution of excessive adipose tissue, when such exists. In proof of this and of the elimination of débris we find that all the emunctories of the system are stimulated for a time; respiration becomes deeper and more prolonged, indicating a greater need of oxygen; the insensible perspiration sometimes increases to diaphoresis; the urine is increased, and constipation may be permanently overcome. Observation will show, however, that this salutary diminution of fatty and other matters may soon be replaced by an increase of genuine muscular tissue, if the same treatment be sufficiently often repeated. Hippocrates, writing on atrophy, says, "That kind of friction should be used which maketh the flesh to grow."

Not an unusual way of dismissing the subject of massage is by saying, with a peculiar action of the levator labii superioris, that "its effects are on the mind of the patient." So are and ought to be the effects of everything which has a favorable influence upon the body. And we may deduce, from good authority, some reasons why massage should affect the mind through the latter. Says Maudsley, in his "Physiology and Pathology of the Mind," "As in the action of nature upon man the stimulus which is not reflected in the spinal cord passes upward and excites sensation, and the stimulus which is not reflected in sensori-motor action passes upward and becomes idea, and the stimulus which is not reflected in ideo-motor action passes from cell to cell in the hemispheres and excites reflection; so in the action of man upon nature the force of the will passes downward through the subordinate centres in an opposite direction; the will involves a conception of the result, or a definite ideational action; the conception of the result demands for its further transformation the appropriate motor intuition; and the motor intuition, in whatever centre, spinal or cerebral, it is organized, demands for its due expression in movement the perfect function of muscular feeling and the integrity of the motor nerves and muscles." (p. 178.)

Intercepted is doubtless the meaning of the word reflected, as it is in the first place here used. Massage then excites sensation, therefore it is not reflected in the spinal cord, but rather dispersed. Neither is it reflected in sensori-motor action, save when painfully applied, hence it gives rise to idea. Nor yet, when passively administered is it reflected in ideo motor action, therefore it ought to excite reflection or thought. to the reality of which result French authors and all who have properly undergone such treatment can testify. On the other hand, what may be called the objective evidence, whereby the will accomplishes its desires, depends largely on the perfect function of muscular feeling. Experience will show that massage excels in restoring the lost or perverted function of the muscular sense by aiding nutrition in the elimination of débris and by equalizing the circulation, as well as by the more normal impulse it seems to communicate to the cellular forces whereby endosmose and exosmose work more in equilibrium.

The mode of applying massage above described may also be employed therapeutically, varied, of course, in intensity, manœuvre, and length of operation, as the discretion of the

masseur and the susceptibilities of the patient may determine.

It is not desirable to consider this or any mode of treatment a panacea; but it is evident how wide its usefulness may become when we reflect what a host of maladies there is which doom the patient to a long period of inertia, the result of which is to cause a preponderance of sensory phenomena, "nervousness," for lack of some sort of treatment, massage for instance, to preserve the irritability and use of the available muscles, so as to allow the motor nerves to express the excitations to which, in common with sensitive filaments, they are subject.* No wonder Sydenham was led to say "that if any one knew of the virtues of exercise (passive) in most chronic diseases, and could keep it secret, he might easily make a fortune."

Of the cases in which massage has been used to advantage, but few can be referred to here: and of the cases in which it has been used to disadvantage there will not be time to speak at present.

Rheumatic Gout.—S. S., of Philadelphia, æt. fifty years, was sent to me by his physician, Dr. Thomas G. Morton, with the following prescription: "Three to-five months of massage; less will be of no avail." He was still suffering with rheumatic gout of a year's duration, which manifested itself by an enlargement on the back of each wrist half the size of a hen's egg, and about the consistency of a gymnast's biceps when contracted. His finger joints were also affected so that he could but half shut his hands, and could flex to even a less extent all the other joints of his limbs. He slept poorly, had but little appetite, and was quite emaciated. Was much troubled with migratory pains, which affected but one joint at a time, would intermit or not, and then he felt it in some other joint.

Classical remedies had been prescribed for him from the outset of his trouble, but when he began massage, October 21st, 1872, he was only taking tr. lupulin. to enable him to sleep. At that time he believed himself to be incurable, as his physician afterwards informed me. After ten weeks of massage his joints were more flexible, wandering pains less severe, sleep and appetite improved, weight increased. March 8th, 1873, massage was discontinued, having had four months of it, sixty-nine visits in all. He had gained in weight not less than twenty-five pounds; the circumference of his wrists, with his improved state of nutrition, was the same as when the enlargement existed, and though his finger joints were not perfectly symmetrical, yet they were much improved, so that he could shut his hands as firmly as any one. His other joints, in feeling and appearance, were now as if nothing had ever ailed them. His physician said he was very well. Mr. S. considered himself quite well, and said "that if he thought he could have been cured, as he was, by rubbing, he never would have sold his house and business with the expectation of going to Europe in the spring no better."

Rheumatic gout being referable to perverted nutrition, massage, from its physiological aspects, would seem to be a rational measure to employ against it. Fuller, in speaking of this malady, says: "When the contracted tendons seem almost to require the surgeon's knife for their relief, a judicious combination of local bathing with manual friction, and frequently repeated extension of the limb, will often render operative interference needless. By means such as these I have been able, on several occasions, to get rid of contractions of some years' standing; and it is by these or similar measures that certain irregular practitioners have acquired a reputation for the cure of enlarged and contracted joints. But unless the patient will submit to at least a three months' course of such treatment, it is better not to begin, for it would only be brought into disrepute." (Fuller on Rheumatism, p. 328.*)

Rheumatism.—I have never tried massage in

*The subject of counter irritation has of late years been searchingly investigated, with the result of leading most practitioners to modify considerably the opinions in which they had been educated in regard to its modus operandi, and indeed their belief in its efficacy in certain conditions. There is probably no therapeutic means which more nearly answers to the idea of a counter-irritant or derivative than that being treated of coupled with movements. By irritating the muscles in the direction of motor excitability we diminish the irritation of the nerves in the direction of hyperæsthetic and emotional excitability, for, the nervous system being a unit, all nerve force which is expended in one form of effort is necessarily so much drawn from the amount which was available for another form. Ordinary counter irritation, by means of vesicants and escharotics, is *pathological* in its character, that is, it induces a condition of disease in the tissue to which it is applied, in order to diminish a condition of disease in a tissue more or less remote. And indeed this is true of all medication, without exception. The action which is therapeutic in disease would be morbific in health. But in massage we have what may be styled a *physiological* counter-irritant, which derivates from diseased tissues by promoting the healthy discharge of function in those upon which it is exerted.

* In this connection I desire to call attention to the admirable little treatise of Dr. Wharton P. Hood, of London, "On Bone Setting (so called) and its Relation to the Treatment of Joints Crippled by

acute articular rheumatism, and am among those who are disposed to think that it is decidedly contraindicated in such a disease; nevertheless, I have been informed by two physicians of this city, and a student of Harvard, that massage was the only thing which had in their experience afforded any immediate relief to sufferers thus afflicted; each, however, knew of but one patient attended in this manner for acute rheumatism.

When rheumatism becomes sub-acute, kneading the muscles seems to be of some value, and, later, much advantage may be gained by adding movements of the affected limbs. By this means two convalescents from acute rheumatism, aged respectively sixty-five and forty-five, who fell into my hands, in whom there remained muscular rigidity and stiffness of the joints, found, after a week's attendance, their recovery sufficient for all ordinary demands. Indeed, their buoyancy led them to overwalk, in consequence of which massage was again called for, to enable them to overcome their fatigue, which it did.

"When," says Fuller, "rheumatism fixes itself in any particular part, there is danger of atrophy and wasting, from the limb being kept still, by reason of the pain to which movements would give rise. In all such cases, therefore, though pain be induced at first, much benefit will ultimately result from rubbing, kneading, and moving the affected limb." With regard to muscular rheumatism, our experience would lead us to say that the sooner massage is applied to it the better. J. F., Esq., of Philadelphia, had a painful attack of rheumatism in the back of his neck and in one ankle. It had lasted a week, and anodynes were losing their effect, when Dr. E. D. suggested massage. The first application was anything but agreeable; the second afforded sensible relief, and the third, on the third day of its employment, was not only pleasant and agreeable, but was at once followed by complete relief. All muscular rigidity and soreness had disappeared, as well as the pain in the ankle. Many months afterward I met Mr. F., and he had not had a return of his myalgia, muscular rheumatism, or whatever it was.

An attack of lumbago may sometimes be shortened or alleviated by the means under consideration; but results like the following are what we aspire to attain: "M. Martin, of Lyons, and the illustrious M. Petit, having, with some of their confrères, appointed an hour for consultation upon an important case of operative surgery, M. Petit, shortly before the time of meeting, sent a messenger begging to be excused on account of a violent lumbago. To his residence at once repaired M. Martin, and promised him an immediate cure. Of course this, at first, was taken for a mere pleasantry, but on being assured in a more serious manner that he was in earnest, M. Petit said to him, 'Come then, my dear juggler, put thyself to work.' M. Martin, in five minutes, succeeded, by means of massage, in effacing all the irregular and partial contractions of the muscular fasciculi. M. Petit got up and dressed himself, and together they went to the domicil of their patient. A cooper had been confined to bed eight days, by reason of a severe lumbago, which resisted all the means employed for relief until M. Martin was called, when he administered massage for ten minutes, after which the patient got up and dressed himself without aid. This M. Martin regards as the ordinary effect of massage in such cases, of which he has collected over a hundred," (Estradère du massage, pp. 108 and 142).

Sprain.—J. F. L., while performing some gymnastic exercise, sprained the phalangeal joint of his right thumb. When I saw him, on the morning following the occurrence, the thumb was swollen, painful, and discolored from the effusion within and "Perry Davis' Pain Killer" without. The first few minutes of gentle friction showed that all his other joints and corrugator supercilii muscles could act well; but gradually massage became more endurable, until at the end of fifteen minutes strong malaxation was rather agreeable than otherwise. The swelling had now abated, but not altogether. Six hours afterward he was surprised at being able to write. Next morning a similar but more pleasant application, after which there was no more complaint.

Injury, Rheumatism, Inflammation, etc.," originally contributed to the London *Lancet*. Its author enjoyed a rare opportunity of closely and confidentially witnessing the operations of one of the most famous of English bone setters. This opportunity he improved, in a truly scientific spirit, critically studying the modes of manipulation, and analyzing and classifying the cases in which they proved successful. He shows, most clearly, that every physician who chooses to devote a little study to the subject can acquire sufficient dexterity to cure his own cases of crippled joints, and thus save himself the mortification of having them linger along for months, to end in either amputation, in permanent lameness, or in what is almost as distressing to himself, though far less so to his patient, in speedy restoration at the hands of an itinerant.

Mrs. A's left foot turned inward when getting out of a carriage last January. Swelling, pain, and discoloration were the results. Treated with bandaging and cold water. A week after the accident her physician suggested massage, as by that means he himself had got out of a similar predicament. After twenty minutes' use of massage the symptoms were somewhat alleviated, so much so that she could bear her whole weight upon the lame ankle and walk across the room. She went out of town the same day on which I made my first visit; had a month's rest, and every day such rubbing as is universally but not always properly done. On her return to the city she was no better than when she left, so I was again called. What effusion there was remaining on the outer and anterior aspect of the joint seemed then to have become semi-organized. The circumference of the lame ankle was half an inch greater than the other. Thirty minutes of massage caused a diminution of one-eighth inch around the effusion, with an increase of one-fourth inch just above, at the smallest part of the ankle, the more easily displaced part of the effusion was forced upward. After daily treatment in this manner for nine days, both ankles measured alike, and she could then engage so busily in shopping and other duties requiring both walking and standing, as to forget that she ever had an injured ankle; the perfection of any function is measured by the unconsciousness of effort with which it is performed. Each visit in this case was followed by a feeling of relief and comfort, with more freedom and confidence in walking.

Miss C. M.'s left foot turned violently inward two years ago; she sprained it again last summer, and again in February, 1874. She sent for me May 12th. I found her with crutches, which she had used since her last mishap, three months before. While at rest, which was most of the time, the joint often gave her pain, and this was aggravated by slight motion of the foot in any direction. In front of the external malcolus, and behind the internal, there still remained some effusion, pressure on which excited sharp pain. In short, below the knee, pain, weakness, and stiffness were the chief characteristics. The first attendance of massage was followed by a slight decrease in the circumference of the ankle, with a feeling of comfort. At the third visit, the spots which had been painful on pressure were no longer so.

May 17th. After five visits walked about the house without crutches.

May 18th. Could go up and down stairs naturally, but not rapidly.

May 19th. Walked an eighth of a mile.

May 20th. Walked half a mile without crutches, after the eighth application of massage, eight days from the time such treatment was begun. She could then flex and extend, invert and evert the foot as forcibly as the one which alone had been doing all of that work for the past three months. Before I saw this patient she had had ordinary rubbing every day for three months.

Rizet, a French army surgeon, has reported fifteen cases of sprains which he treated with massage. Twelve were recent, and three were old sprains; the average length of time required for recovery was found to be three days; for the knee and ankle, four days and two-thirds. Some of the recent cases were kept at rest against their will, two or three weeks, in order to allow the injured ligaments time to recover. Quesnoy, Lebatard, Servier and others have also used massage in sprains, with results similar to those obtained by Rizet. "The sooner after the accident massage is applied," say they, "so much the better, for by dispelling the effusion the pain is greatly allayed." Nelaton respectfully speaks of the effects of massage in sprains as miraculous.

When, from sprain or other cause, effusion is somewhat extensive, it has been very rationally advised to begin the massage at the upper part of the limb, with gentle friction in the direction of the venous current, so as to aid in emptying the engorged vessels nearest to the trunk, in the first place, and thus make room for the passage of the effusion beneath; then to proceed downward, still making the friction upward, with gradually increasing force. After a few minutes' friction, the malaxation or kneading may be used, and like the former, should have its greatest force in an upward direction, though still proceeding downward.

In my two cases of sprains last narrated, passive motion of the foot was gently resorted to at the first visit, after thorough friction and kneading. As soon as the patient could make flexion and extension of the foot against the least resistance, acto-passive motion was instituted. This afforded means of judging how much actual strength was being gained from time to time, which could be measured in pounds

by attaching a spring balance to a handkerchief tied around the meta-tarso-phalangeal joints. Miss C. M., a delicate young lady, who at my first visit could scarcely bear passive motion, at the discontinuance of massage could flex her foot, pulling eighteen pounds. Indeed, the advantages of acto-passive motion in strengthening a limb thus enfeebled can hardly be overestimated. A physician whose sprained ankle I had masséed for two or three weeks, was desirous of testing it before going to the Adirondacks. He did so by walking six miles, and after this the limb which had been injured was the less fatigued.*

Paralysis.—That "paralyzed parts will not of themselves resume at once their normal condition, even after all the causative conditions are removed," seems to be an indication for the employment of massage and kindred measures. "In this way," says Prof. Flint, "the effects of inaction upon the circulation and nutrition are diminished, and paralyzed muscles are kept in a state of preparation for volitional contraction. The importance of this measure will not, of course, be appreciated by the patient, and it is to be explained and enforced by the physician."

By such means, used so as not to fatigue the patient, I have found the wasted muscles in hemiplegia to increase in size, and the power of the will over them to be in part regained.† This is somewhat accounted for, if what Reynolds says be true, that, "by stirring up the muscles and nerves of a limb, one may, to a certain extent, act upon the other ends of those nerves—the ends that are in the spine or head—and so may improve, by careful usage, the nutrition of the spinal cord or of the brain."

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* Dr. Graham has modestly, and perhaps wisely, confined his illustrative cases to sprains and other locomotor or muscular disturbances; modestly, because his experience must have furnished him many instances even more striking in their character, in which massage has proved a successful, and the only successful remedy for chronic affections dependent upon blood stasis and faulty innervation, dyspepsias, neuralgias, uterine and ovarian engorgements, and those nameless and unnameable conditions of invalidism which are the despair of the busy family practitioner; wisely, because the function of a muscle being usually held to be purely mechanical, the profession are more ready to believe that a purely mechanical mode of treatment is appropriate for the restoration of such function when lost or impaired, than to accept its applicability in disorders of the organs of secretion and excretion and of nutrition.

† In the essential paralysis of infancy I have found massage of even more value than in hemiplegia.

CURE OF CHOREA.

BY T. CURTIS SMITH, M. D.,
Of Middleport, O.

The following are a few cases of chorea that have come under my observation:—

Miss C——, æt. 18, fair complexion, nervous temperament; has been afflicted with chorea ever since January, 1869 (notes made August 8th, 1873), now twenty months, during which time she has been constantly under treatment by either regular or irregular practitioners, but so far has not seemed to show any signs of improvement. Saw her August 9th, 1870. Found the pupils dilated; tongue covered with thick white fur; countenance far more cheerful than usual in such cases; is but little emaciated, but is pale and anemic; bowels and catamenia regular; considerable leucorrhea. The pulse 90, soft and weak; respiration 21, somewhat irregular. She has lived, during nearly her entire sickness, on buttermilk and molasses, solid food being, if swallowed, nearly always rejected. Often there was complete inability to swallow solid food. The movements consisted in continual jerking of the left angle of the mouth and alæ nasi, the right forearm and hand, and both lower extremities; the latter keeping up a continual movement from right to left, and reverse, the heel of the left foot being placed on the toes of the right. If the feet were moved from this position, both limbs went through rapid rotary movements with an astonishing rapidity. All these motions were continuous during her wakeful hours, except when she would hold her breath, during which they would cease, as also during sleep, which she usually had regularly and very well; but the moment she would wake up, the motions would begin. The urine was natural in quantity and appearance. The case was marked by a general hyperæsthesia, so that she would complain on slight pressure at most any point. She had not stood on her feet since the commencement of her illness, and placing her on them would excite such violent and irregular movements of her feet and legs, as to render it unsafe to be within their reach. This case, I think, was very largely hysterical. Her circumstances were those of a dependent, and her friends very sympathetic for her in her affliction. This, I think, tended to prolong the attack.

The treatment led off in making a strong mental impression of her utter misery and uselessness, unless cured of the trouble; accom-

panied with strong assertions that in a short time she would be better if she would allow the treatment to be strictly carried out. She was then directed to have a strong salt bath every day, during which she was to be freely rubbed from head to foot with a coarse towel. Gave her internally:—

℞ Tr. actea racemosa,
Tr. hyoscyami,
Syr. simp., āā fl.℥ij. M

Sig. Teaspoonful every six hours.

Also:—

℞ Ferri redacti, ℈iij
Zinci sulph., ℈iss
Quiniæ sulph., ℈j. M.

Ft. pil xx.

Sig. One three times a day.

On the next day the motions were perceptibly less rapid. Treatment was continued, and strong mental impression made that she was better, and could not fail to get well. I did not feel so sure of it myself, but felt that it was necessary to make her believe it, the psychological effects of this mental state being desirable. On the fourth day all motions of an abnormal character had ceased. She was now able to sit up or stand for a short time on her feet. On the next day she walked over a square. She continued to improve rapidly till well. Since that time, now four years, there has been no return of the trouble, and her health generally has been very good. I am of the opinion that the strong mental impression made on her had as much and probably more to do with relieving her of this disease, than did the remedies she took, though I consider the above combinations very valuable in the treatment of chorea, where some one or more of the articles are not plainly contra-indicated. Quinine I have sometimes found to be apparently detrimental by its influence over the nervous system in these cases.

Case 2. Mrs. B., æt. twenty-nine years, of bilious habit, but somewhat nervous; bowels costive; skin hot and dry; pulse 120; pupils largely dilated; severe headache; tongue loaded with heavy yellow coating; stomach nauseated; is the mother of five children, youngest now six months old, and nursing, catamenia therefore absent; has a free white leucorrhœa. Saw her with above symptoms April 30th, 1870. Gave her a free mercurial and jalap cathartic, which acted well. Upon calling next morning I found, well marked, general choraic movements, for which I ordered tr. actea racemosa, in one drachm doses, to be repeated every four hours. On the 2d of May these symptoms had all ceased, and the foregoing symptoms had disappeared. Said she felt as well as usual, except that she was weak.

Case 3. Miss. H., aged 15 years; of stout build and usually excellent health: cheeks rosy; skin fair: black hair and eyes. Seems well at this visit, July 13th, 1870, except that she has general choraic symptoms, not, however, very severe, but excited greatly by my presence. She had menstruated quite regularly for the last six months, but was now a few days behind her time in this respect. Gave her a free saline cathartic, and followed it with tr. actea racemosa in one drachm doses, every four hours. After the fourth dose the symptoms all disappeared, and the catamenia next day returned, accompanied with quite severe pain. There has been no recurrence of the chorea. The nervous trouble in this case seems to have originated from the catamenial disturbance, which probably was itself caused by exposure.

Case 4. Miss. H., æt. sixteen years; nervous temperament; had an attack of hemiplegia, right side, when two years old; the right leg and arm now smaller than left, with a diminished range of motion in each; sensation good. Her general health had been good for years past, until one month ago, when she had an attack of chorea, at first lightly. Saw her first February 11th, 1871, at 1 P. M.: was much agitated on my first entering the room; was crying mournfully; her features twitching and distorted; arms twisting and jerking frightfully; left side most affected; eyes rolling, and giving a wild, idiotic expression; had a laugh resembling that of a hysterical person: mind much agitated and wandering. She seems to be well nourished; has a good appetite; and sleeps well some nights, at other times little or none; has no spinal tenderness, or pain in the head; is mentally precocious; cannot now speak distinctly, but did before this attack; her bowels are very costive; tongue heavily coated, yellow; catamenia have never appeared. When I saw her she had been in this frightful condition over two weeks, without other than domestic treatment.

The complication of paralysis with chorea was one I had never seen, and I made, considering the severity of the attack, a very guarded prognosis.

Treatment.—Gave hyd. chlor. mite, five grains,

to be followed in three hours with pil. rhei. comp. three. These operated freely; afterward she had tr. actea racemosa one half drachm, with zinci. sulph. two grains. every three hours, and ferri. sub. carb. two grains three times a day; food to be nourishing, but easy of digestion.

On the second day was less agitated, and mind more capable of connecting ideas than before, and the articulation is somewhat more distinct.

The above treatment was continued without change for one month, steadily, during which time there was slow but continuous improvement. At the end of that time she was quite in her usual health, and the medicine was gradually diminished, and finally stopped at the end of the fifth week. She has continued well ever since, and though naturally not strong, is at this time healthy; still has, however, a limping gait, in consequence of shortening of the right leg, resulting from the paralysis of infancy, from which she has never completely recovered.

I offer these cases without any special comment or theory regarding the nature of the disease. I am satisfied, from observation, that we possess in the actea racemosa and in sulph. of zinc two powerful agents with which to combat this disease. I have used them empirically in a great measure, for we, as yet, as far as I know, have not fully comprehended the true pathology of chorea. Each of us may have a plausible theory, but who can say in reference to it that he verily knows his theory truly explains the character of the morbid changes going on in the nerve centres. It may be an irregular generation of nerve force, as explained by Hammond, or it may be simply an irregular transmission of that force. It may be only functional, as is thought by many, or it may be purely organic, but too finely so for discovery as yet. That it is due to organic change in the nerve centres I doubt, otherwise it would hardly yield to treatment as readily as we commonly see it.

The above are a few cases from my practice, others of equal interest could be given, but we presume these are sufficient to indicate the plan of treatment I have usually adopted, and so far with fair success. I doubt not there are incurable cases, but fortunately for me I have not had them to treat.

Editorial Department.

Periscope.

On Malignant Scarlet Fever.

Dr. Edward T. Williams, M. D., of Roxbury, says, in a paper published in the Boston *Medical and Surgical Journal*:—The indications for treatment naturally arrange themselves under three heads:—

First, to diminish the formation of waste products.

Second, to promote their elimination.

Third, to counteract their effects.

I. The essence of fever is combustion or destructive metamorphosis; the amount of waste depends on the rate of combustion; the rate of combustion corresponds with the intensity of the fever; hence to diminish the formation of waste products is to allay the fever. The means for this purpose are numerous. Diet, rest, water, ice, nauseating doses of ipecac and antimony, cathartics, the cooling salts, aconite and veratrum, bleeding. I believe that the proper use of these remedies both diminishes and prevents the formation of malignant symptoms. To effect this, they should be employed early, and only during the acute stage of the fever, as indicated by a high temperature and a strong as well as rapid pulse. The moment symptoms of malignancy become developed, they must be discontinued, on account of their depressing influence on the powers of life.

Of the remedies enumerated, my own preference is for the nauseants, cathartics, and cooling salts, on account of their convenience of administration, entire safety, and peculiar effect on the secretions. Their overaction must be carefully guarded against. Veratrum viride and aconite, though effective, are hazardous, and require close watching. Cold bathing requires attendance and conveniences not always met with in private practice. Bleeding, universally and popularly resorted to before the discovery of other methods of depressing the circulation, has been justly set aside as depriving the system of what will be most needed when the temporary crisis has been bridged over and the period of debility reached.

In scarlet fever, I, for one, have thoroughly convinced myself of its efficacy in delaying the access and modifying the severity of malignant phenomena, as well as in preventing their occurrence. My entire experience with diseases of a malignant tendency, small-pox, typhoid and typhus fever, cerebro-spinal meningitis, etc., is in full harmony with these convictions, and has led me to place much confidence in them. I must believe, therefore, that a judicious anti-

phlogistic treatment in the early stage is the grand preventive and panacea for malignant scarlet fever, the only exception being those very rare cases where the malignancy is absolutely simultaneous with the outbreak of the disease; such cases should be treated upon principles to be discussed presently. Of course, I use the word panacea in a rational sense, without denying that many patients do and must die under this or any other form of treatment.

II. The second indication for treatment is to promote the elimination of waste products. The agents of elimination being the natural emunctories, the kidneys, skin, bowels, liver and lungs, medicines which increase the action of these organs will promote elimination, viz., diuretics, diaphoretics, cathartics and emetics. Most of these medicines serve the additional purpose of depressing the circulation, and have been sufficiently dwelt upon in the preceding remarks. The use of emetics to the extent of producing vomiting is an old-fashioned practice, quite abhorrent to the fastidious taste of the present day; I have found them serviceable, notwithstanding, especially when malignant symptoms are just beginning to show themselves; under these circumstances, a full dose of ipecac, with jalap-resin, or some other prompt cathartic, seconded by the free administration of hot drinks, often produces an admirable effect; the portal vessels are disgorged, the skin and kidneys excited to action, and the nervous system stimulated into a new life; a total disappearance of the malignant symptoms and the establishment of a favorable convalescence not infrequently succeeds.

It is hardly necessary to remark that eliminative, as well as antiphlogistic treatment, is too depressing to be continued after malignant symptoms are fully developed.

It remains to consider the eliminative function of the lungs. The increased formation of carbonic acid in the tissues requires an increased activity of the lungs for its elimination. This is partially provided for by nature in an increased activity of respiration. It is the physician's duty to see that the lungs are abundantly supplied with fresh air. The free ventilation of the sick chamber becomes, therefore, a matter of prime importance. But, in bad cases of scarlet fever, the mouth and fauces of the patient are loaded with fetid accumulations, by which every breath of air is contaminated and rendered unfit for respiration before it enters the lungs. We know what the expired air is, from experience; consider, then, the condition of the sick patient condemned to batten upon exhalations which turn the stomach of a well man at the faintest whiff. The throat must be cleansed out by gargling and swabbing with chloride of soda, permanganate of potassa, salt and vinegar, or some other antiseptic and stimulating wash. I make this an indispensable part of the treatment, even with the youngest children; for the filth, if not removed, will be swallowed, and form a new focus of malignant influence.

III. The third and last indication is to counteract the effects of the accumulated waste on the system. The most dangerous of these effects is the failure of the heart, through innervation. Keep the heart beating, and elimination may complete itself, but the stoppage of the heart is death. The respiratory function is equally important; the moment the breathing flags, carbonic acid begins to accumulate in the blood, producing lividity of the surface and eruption, an increase of coma and weakness, and, by degrees, complete asphyxia. Hence, the necessity for stimulants in doses sufficient to produce a decided improvement of the pulse and breathing.

Restorative Treatment in Delirium Tremens.

Dr. A. T. Longhurst, in the *Lancet*, is convinced that opium, antimony, digitalis, chloroform, and even alcohol, are dangerous remedies, both in principle and practice. He advocates:—

1. The elimination of the poison from the system. 2. The restoration of exhausted nerve-power, by the administration of nourishment, and that of a kind most easily and rapidly assimilated. 3. The induction of sleep.

To fulfill the first indication, the elimination of the poison from the system, we must have recourse to those remedies which, whilst they promote the eliminating power of the skin, lungs, bowels, and kidneys, are not too depressant. Thus the skin may be well acted upon by a tepid or even by a cold bath, according to the strength of the patient, the precise nature of the case under observation, and the season of the year, followed by friction and rubbing with a coarse towel, the good effect of which can hardly be overrated; for whilst the skin is thereby relieved of alcoholic perspiration and other effete matter from the blood, the sentient extremities of the nerves are roused to more vigorous action, and respiration is rendered temporarily more active. A tumbler of cold water given on entering the bath materially increases its efficacy. Of the medicinal remedies best calculated to promote the moderate action of the organs named, none are perhaps better than the compound jalap-powder, in conjunction with nitric spirit of ether: and I have usually found one, or at most two doses, of two drachms of the former and half a drachm of the latter, effectually to relieve both the bowels and kidneys.

The second indication for treatment, the restoration of nerve-power, will be found best and most readily accomplished by the administration of warm milk, either alone or with eggs beaten up in it; for, containing as it does every element of nutrition most easily assimilated, it is singularly calculated to repair nervous power and energy: and if we can once succeed in getting our patient to take a quarter or half a pint of warm milk, either alone or with the yolk of an egg beaten up in it, we need scarcely any longer be apprehensive as to the issue of the case, and we can then give a mutton chop, or other solid food, which will be another great point gained. It is, however, most important

that the milk be taken warm, in order to insure its rapid and easy digestion. If there is stomach irritability, it must, of course, be met in the usual way; and if obstinate (though I have not had occasion to try it), I should anticipate the best results from a bladder of ice to the epigastrium, as calculated to restore tone to the nervous system through the especial medium of the solar plexus and the other sympathetic ganglia.

As regards the third principle of treatment, the induction of sleep: having in some measure fulfilled the two former, namely, the eradication of the poison from the system, and the partial restoration of nerve-force by the assimilation of nourishment, we have, doubtless, gained a great point in this direction; and, desirable as sleep may be, still I do not advocate the use of many medicines with that object, and I think that in chloral hydrate we have nearly all we want. Indeed, I have so often found that the sleep induced by medicines, especially any form of sedative narcotic, has not been followed by any permanent subsidence of delirium or other urgent symptom; and, from the very transient good effects of sleep thus artificially induced, I am disposed to think that too much stress has been laid upon its importance, and that the value of nourishment in the treatment of delirium tremens has been overlooked.

I shall not here occupy space by the report of cases in support of the above belief, though almost the last case under treatment very forcibly confirmed it; for though several hours of good sound sleep had followed the administration of half a drachm of chloral hydrate, the patient's condition was alarmingly prostrate until egg and milk had been assimilated. Hence I am persuaded that, having once secured the digestion and assimilation of food, we may be less anxious about sleep, and rest satisfied by placing our patient under conditions favorable for it; while chloral, judiciously administered, either alone or in milk or some other form of liquid nourishment, is almost the only medicinal hynoptic that I would advocate.

Having thus endeavored to indicate what appears to me to be a rational method for the treatment of delirium tremens, on the principles set forth in the order named, I feel that these require a liberal interpretation; for doubtless the greatest success in the treatment of this affection, as of most others, will follow the ready appreciation of the most urgent symptoms in this or that particular case. Hence it may be sometimes necessary to disregard the first principle, and at once to direct our efforts to the attainment of the second, by the administration of nourishment; and even to anticipate the third, by placing the patient under conditions favorable to sleep. In like manner, much can be done by judicious general management, by humoring the whims and fancies of a patient, when not of a dangerous character or tendency, and so long as he is carefully watched. Instead of confining a sufferer to the recumbent posture in bed, he may be allowed to be up, to walk about, and to engage in conversation and harmless amusement, while the process of digestion and assimilation is going on, or until sleep comes naturally.

The Use of Iodide of Potassium.

[On this subject, Professor Sée says, in the London *Medical Times and Gazette*:—]

The iodide of potassium has been prescribed to stop the vomiting of pregnant women, but for this it is not equal to alcohol nor to the bromide of potassium.

The iodide of potassium has a certain action on the kidneys; it may produce nephritis, destroy the tubuli uriniferi, and produce albumen in the urine; but all metals do this, so we cannot make a special complaint against iodine in this respect. This leads us to the study of the composition of the urine in individuals who take iodine, which will enable us to give the drug its proper place in the therapeutic *cadre*. If the effete matter of the organism, or the urea, be diminished during the use of iodine, it is because this latter is a substance that prevents the waste of the tissues (*medicament d'épargne*). Such was the conclusion arrived at by M. Rabuteau, who, in his experiments, found a diminution of urea; but it may be objected that these experiments are not absolutely rigorous. M. Rabuteau subjected himself to a certain diet for five days; he measured the quantity of urea which he excreted each day, and found twenty-eight grammes as the mean; on the fifth day he took iodine, and found no more than twenty-four grammes of urea in his urine. The experiment ought to have been more precise. M. Rabuteau ought not only to have weighed the ingesta, but he ought to have ascertained the quantity of nitrogen; he should then have measured the quantity of nitrogen eliminated by the different outlets. When the balance between the nitrogen absorbed and that eliminated is properly ascertained, it is only then that one can fairly estimate the results produced by a particular drug or any other substance. This is what was done by M. Beck in the case of a syphilitic patient; the results of this observation were negative, and the deduction was that iodine does not act on the composition and decomposition of the tissues. But M. Bouchard declares, on the contrary, that, according to his own personal experience, iodine increases the quantity of urea excreted daily, particularly in diabetics. The natural conclusion is that iodine is not a destructor of the economy. Professor Sée protests against the conclusions of M. Bouchard, and brings clinical proofs against the arguments of the latter gentleman. Diabetics, continued the Professor, do excrete more urea than a person in health. According to the learned Professor, it was not the iodine absorbed that manufactured the excess of urea; it found it in the economy, and it did no more than eliminate the urea, just in the same way that it draws away all that it meets with in its course. If in syphilitics it meets with mercury, the iodine favors its expulsion in forming an iodo-mercuro-albu-

minate; if, on the other hand, the mercury is combined with the blood, muscles, bones, or nervous tissue, the iodine, in regenerating all the vitiated molecules, expels the mercury indirectly by the formation of new elements. The following is a summary of the therapeutic applications of iodine:—

It is employed to eliminate all the poisons which may impregnate the economy—syphilis, mercury; it has also been employed as an eliminative in gilders' and lead poisoning, and in arsenicophage.

The mucous and serous membranes are modified by iodine, and it is given in asthma, albuminuria, ascites, pleurisy, etc. It is employed as a "dissolvant" in glandular swellings, and it produces excellent effects in goitre; but it also exercises a certain influence on the breasts and testicles, which it atrophies. It is useful in a great number of chronic affections by dissolving certain products which it eliminates; thus it is employed in diabetes, scrofula, syphilis, etc.

In fine, iodine is a most useful drug, but it is a two-edged instrument, difficult to deal with. It is a local "atrophiant;" it has no ill effects on the general health; it is a "*revivificateur*," like oxygen.

Reports on Bloodless Operations.

The London *Medical Record* gives us the following brief abstract, made by Professor Esmarch, of his experience, during the past year of his practice in Kiel, of bloodless operations. The communication was made at the third sitting of the German Surgical Association, held in Berlin, April 8th to 11th, 1874

From February 1, 1873, to April 1, 1874, above two hundred bloodless operations were performed in the Clinic at Kiel. Among them were the following:—

AMPUTATIONS.

Thigh, ten cases; one died, with erysipelas and septicæmia.

Leg, eleven cases; one died, with ditto.

Humerus, three cases; none died.

Total: twenty-four cases, with two deaths.

DISARTICULATIONS.

Shoulder-joint, one case; cured.

Hip-joint, one case; died of exhaustion.

Total: two cases, with one death.

RESECTIONS.

Hip-joint, three cases; one died, of septicæmia.

Knee-joint, three cases; none died (one with subsequent amputation).

Elbow-joint, two cases; none died (one with subsequent amputation).

Total: eight cases, with one death.

Among the advantages of the bloodless method of operation, the following may be mentioned.

1. There is no loss of blood. (Anæmia produces a disposition to surgical accidents, by the tendency to coagulation producing thrombosis, and leading often to pyæmia. Valsalva's method of treating aneurism acts by inducing greater coagulability of blood.)

2. It is a great advantage that sponges may be thus almost wholly avoided; for, with whatever care they are disinfected, one can never be absolutely certain that they are not sometimes the means of infecting wounds.

3. The larger arteries and veins are less injured in the bloodless method than with ordinary digital or instrumental compression, the constriction being uniform, circular, by means of the soft parts, and distributed over a large surface.

Esmarch knows of no dangers, nor of any bad results. Paralysis he has never seen to take place. It may be produced, however, by too forcible constriction of the limb. Esmarch applies the apparatus himself, and does not trust his assistants, who are rather inclined to overdo their business. It is quite remarkable how comparatively small is the force necessary to arrest all flow of blood through the arteries. The first turns must not be made too tightly; every superimposed turn increases the compression very considerably.

Gangrene has not been observed in any instance by Esmarch. Some probable advantages of bloodless operations must be shortly hinted at.

1. Local anæsthesia may take place after a few minutes. Richet has, indeed, already recommended forcible constriction of the digit for the operation on ingrown nail. Richardson's ether-spray, or ice and salt, produces anæsthesia much more quickly in parts made bloodless, as the warmth of the blood is excluded. The temperature of the bloodless limb sinks immediately.

2. Diseased parts, bones, joints, can be very easily examined before performing an operation. Esmarch narrated very graphically how, on a recent occasion, he demonstrated a diseased joint before his class, pointing out the conditions which made an amputation necessary.

3. Foreign bodies, splinters, needles, etc., are easily found.

4. Wounded arteries are easily exposed and secured Antyllus' method is facilitated.

5. Operating without skilled assistants, or, indeed, without assistance at all, becomes possible in a way never before practicable. Esmarch has received many letters of thanks from surgeons in various parts of the country.

6. It is suggested that death may be often averted, and cases of hemorrhage and transfusion avoided in anæmic persons, by bandaging the extremities, in order to temporarily drive the blood of one or two extremities into the body.

Asthenic Insanity.

This is the title of a monograph recently written by Dr. S. H. Wright, of Edinburgh. In a review of it in the London *Medical Record*, the following description is given of the disease:—

The term "asthenic" does not define the na-

ture of the mental manifestations, but denotes a general depravity of the constitution, in consequence of which brain disorder arises. The brain may be primarily at fault, or its action may be directly influenced by the disorder of some organ more remote. The subject is treated under three heads.

1. When mental disorder depends on constitutional morbid modifications, which do not intrinsically progress towards a fatal result, and are not irremediable.

2. When mental disorder depends upon constitutional modifications of an irremediable nature.

3. When the complexion of the insanity, originally of another type, assumes an asthenic cast in consequence of the supervention of some bodily disorder of a special kind.

Under the first head, cases of insanity are ranged, in which mental disorder results from constitutional modifications dependent upon the severe or protracted depressing influence of physical disorder, exhaustion of the brain and nervous system by undue exercise or trial of their special energies. These varieties are illustrated by cases of patients admitted into the Royal Edinburgh Asylum.

Under the second head may be classed the great majority of cases of recurrent insanity, especially those where insanity recurs at short intervals; where it is excited by trivial causes, and where the asthenic condition of the constitution generally, but especially of the nervous system, is congenital; where the predisposition is not hereditary, but acquired by prolonged or severe periods of trial, the constitutional vigor being materially and permanently depressed; and, finally, those cases in which insanity is produced as a symptom of the general constitutional incompetence caused by chronic disease of a specific kind.

The cases belonging to this variety are incurable. The state of the patients is susceptible of amelioration, but never of lasting recovery: they are never fitted for holding office involving personal responsibility during a prolonged period.

A case is given illustrating the third variety. The patient, when admitted, was in a state of sthenic insanity, and remained in this state so long as her bodily health continued robust; but when her constitutional vigor failed, when symptoms of an irremediable organic disease (phthisis pulmonalis) of an asthenic kind manifested themselves, then also a change was noted in the nature of her mental symptoms.

In forming an opinion as to the chances of recovery in a case where there is no specific organic disease, the history is of great importance. If the general health previously to the attack have been good, if there be no history of hereditary predisposition, if there be a clear account of causes, which from their gravity may well be accredited with the production of the asthenic state of constitution which produces mental disorder, then strong hopes of a recovery may be entertained.

If, on the other hand, the patient have inherited an insane predisposition, if the asthenic constitutional state have resulted from depressing circumstances which have been long in operation, and from the effects of which the constitution shows no disposition to rally, or if the general asthenia have resulted from incurable organic disease, the prognosis is of the most unfavorable character.

Reviews and Book Notices.

BOOK NOTICES.

Essays on Conservative Medicine and Kindred Topics, by Austin Flint, M. D., Professor of the Principles and Practice of Medicine, etc., in Bellevue Hospital Medical College, New York. Philadelphia: Henry C. Lea, 1874, pp. 214.

These Essays, which have appeared from time to time in the columns of medical journals, are now offered to the medical world in book form.

By *Conservative Medicine*, the author means "an analogous line of conduct in the management of maladies which are not surgical, to that pursued by the surgeon who aims to preserve, not mutilate;" the employment of potential remedies only when they are imperatively necessary; not to add the effects of hurtful remedies to those of the disease.

"Conservative medicine assumes that remedial measures, according to their potency, must either do harm or good; that they can never be neither hurtful nor useful."

He applies this idea to therapeutics and to hygiene. He next treats of medicine in the past, the present, and the future; of alimentation in disease, showing the importance of attending to supporting measures in fevers and acute diseases, without regarding the indications afforded by appetite or taste. Milk is to be preferred, as possessing the requisite alimentary principles, and being in a concentrated and liquid form. To this may be added farinaceous matters, alternating with animal broths, or meat essence and eggs. Whenever a desire is expressed for a certain article of food, it should be allowed, as a rule. The whole article on alimentation is eminently worthy of careful study, and we commend it to the profession, but more particularly to those who are just about to engage in the combat with disease.

Tolerance of disease, the agency of the mind in etiology, prophylaxis, and therapeutics, and divine design as exemplified in the natural history of diseases, are the subjects of the concluding essays.

Every page of this little volume is replete with thoughts of great value to the careful, conscientious practitioner of medicine. In a careful perusal of it, we have marked many passages as worthy of a corner in our journal.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPT. 5, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

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OFFICE OF

THE MEDICAL AND SURGICAL REPORTER,

115 South Seventh Street,

PHILADELPHIA, PA.

MEDICAL GALLERY OF PHILADELPHIA.

Mr. L. Schlesinger proposes to place on exhibition at the approaching Centennial in Philadelphia, an album containing photographs of the prominent medical men of our city. There will be attached to each picture the autograph and a brief notice of the titles, etc., of each of the originals.

When the volume is completed, Mr. S. will offer to the medical world smaller albums, containing photo-lithographs of all those in the exhibited album. The plan has already received the approval of many.

POLICING.

In the army and navy this word has a fixed, definite meaning. The result is that the camp, the hospital, the barracks are cleanly, orderly, healthy. In every instance there is a responsible officer, whose duty it is to see that this work is promptly and correctly performed. How different is all this with our large cities. All is confusion. No one appears to be responsible for anything. A stone, lumber, or anything accidentally dropped by a passing cart lies unmolested by the police, leading to constant vexations, delays, and accidents to passing vehicles. Now if each police officer were made responsible for his beat, and required to report daily as to its cleanliness, and every other condition, what a vast difference would be seen in every way! A break, whether in the road or footway, would at once be known, and the proper repairs ordered. An obstruction would be removed. Everything detrimental to health would be investigated, and the proper remedy applied We are led to speak thus from the daily observance of numberless little matters in every section of our city, and which we doubt not are seen in every large city in the United States, which, though slight, and perhaps to some of unappreciable importance, yet in the aggregate largely aid in swelling the sick list and death rate everywhere.

Our citizens should look to this, and apply the

remedy. Sickness and death assail us on every side. Why then should we permit, nay, invite their ravages by our own supineness?

AMBULANCES.

At last Philadelphia has an ambulance system in connection with one of her great hospitals, that on the west bank of the Schuylkill. The station is in telegraphic communication with all the police stations, so that a summons for medical aid and an ambulance may be sent from any section. A surgeon will be promptly dispatched, with all needful appliances, to the scene of accident, and thus it is hoped much good may be done, and perhaps many lives may be saved.

CORRESPONDENCE.

Forms of Malaria.

ED. MED. AND SURG. REPORTER:—

Under the above caption, I published an article in May 30th, 1874, number of the REPORTER. It being, in the opinion of Dr. Segnitz, of New York, of a malignant nature, he has deemed it proper, in his wisdom, to make an application of caustic to the same, applied in the form of a tirade, which appears in the MEDICAL AND SURGICAL REPORTER, vol. XXXI, No. 7. Dr. Segnitz not only endeavors to hold me up to ridicule, but also tries to stigmatize the whole body of country practitioners. This being my case, and fearing the destructive influence of the caustic to the surrounding tissues, I have thought best to endeavor to counteract its evil influences. Honest, earnest and high-toned criticism is at all times to be desired, and should be respectfully and deferentially listened to; but when it smacks of egotism, and an overweening vanity on the part of the critic, whatever literary merit it may possess is lost when the motives of its author are so glaringly apparent. You are accused, in the paper of Dr. Segnitz, of an impartial leaning toward country practitioners. [For shame, Dr. Segnitz, to make an assertion of that kind].

Is there any candor, any debatable force in such an accusation? Is that a calm, dispassionate, logical analysis of an article? Personal flings at editors, couched in a captious, querulous manner, it seems to me, can have but one effect, viz., to create a feeling of aversion and disgust toward their author. Pray tell me, doctor, what there is wrong or improper in obtaining communications from country practitioners? Is medical skill confined to the cities alone? Does the simple fact of a doctor living out of town preclude the idea of his possessing any forethought, any sagacity, or reaping the benefit of personal experience, and the privilege of publishing that experience to the world? You stultify your own assertions when you say, "of course no objection can be made to the publication of valuable contributions, whether they proceed from scholars residing in the country or the city."

So say I, but, doctor, are you alone the proper judge of what constitutes merit in an article? Your opinion, perceptibly tinctured with egotism, is thrust forward as authority for editors, readers, and contributors. The domain of medical knowledge is broad and vast; no line of practice is set up as an absolute unequivocal standard. What is recognized to-day as authority, to-morrow, with the constant progress made in our science, may be rejected as utterly worthless. So your criticism, pungent and keen as it may be, is, nevertheless, only the expression of your individual opinion, which is worth no more than other physicians', unless based upon facts and incontrovertible evidence. It is always well to glean knowledge from whatever source one may, and try to improve upon it, but I see no reason why we may not occasionally get a few grains of it even from country practitioners.

And now, Doctor. I will answer your attack in detail, under the head of

URTICARIA.

Dr. Segnitz thinks that my remarks on this disease deviate from the views of our best writers and students. If I can sustain myself, it makes no material difference whether my views deviate or not, but I propose showing that instead of deviating, my positions and assertions are fully sustained by the best of authority. Dr. Segnitz refers to my case of urticaria, or more properly diphtheria, in which I claimed to have had three diseases combined in one patient, viz., diphtheria, rheumatism, urticaria, and I might now add purpura, and says, "I cannot find any complication whatever. The symptoms altogether were either prodromi, or accompanying the dermatous disease. With the exception of urticaria after some ingesta, as strawberries, cheese, etc., all other cases are more or less accompanied by pain in the limbs, ankles, and by anginose symptoms."

I shall show the Doctor, further on, that the symptoms referred to were not prodromi, and that they did not follow the dermatous disease, but that the dermatous disease followed and was dependent upon other causes, viz., malarial poison and an excess of free acid in the system.

Dr. Segnitz continues, "If the author would have consulted Wichman, Bateman, Fuchs, Cazenave, Reayer, and others, he would hardly have agreed with Fox, who makes urticaria dependent upon rheumatism, gout, etc. It is a more hybridous exanthema (I observed even a mixture of erythema, roseola and urticaria), and its symptoms in general show distinctly the characteristics of erysipelas. The form ab ingestio is ephemeral, disappearing and reappear-

ing several times within twenty-four hours, without fever symptoms; * * * The two diphtheria cases attended to by the author had nothing at all to do with the urticaria case in the same family; the sore throat and the slight ulcerated tonsils did not absolutely indicate a diphtheria." (Of course it did not absolutely of itself.) "If pleurisy, pneumonia, gastritis, and such other diseases occur in a marshy country, where malaria predominates, we should not feel inclined to administer anti-malarial remedies as a rational treatment."

Wilson, in his work on skin diseases, divides urticaria into eight classes, of four of which I shall speak, viz.: urticaria ab ingestio, urticaria conferta, urticaria evanida, urticaria tuberosa.

There is not much difference in the symptoms of urticaria as detailed by the various authors to which I have access, viz: Fox, Willan, Wilson, *Reayer*, *Wichman*, Plumbe, Hufeland, *Bateman*, Wood, DaCosta, Watson, Hartshorne, Meigs (on children).

After detailing the symptoms as given by all, Dr. Wood continues: "There is occasionally an oppressed breathing which almost threatens suffocation. Occasionally acute urticaria assumes a decidedly intermittent character, occurring in regular paroxysms every day, or every other day, *either as an attendant, an intermittent*, or as an original affection." Wilson says it frequently creates alarm by the anxiety about the precordia, and the syncope which attend its invasion; and instances are not wanting in which it has proved fatal." He also refers to a pricking sensation in the throat and constriction in the fauces, which produces a short, troublesome cough, and occasionally threatens suffocation, the tongue is swollen and the voice altered from the extension of the swelling of the mucous membrane into the larynx. Under the head of urticaria conferta, Wilson says, "It is merely a severe degree of the local affection of urticaria (ab.ingestio)."

The elevation of the circular prominences and wheals is not so great as in urticaria ab ingestio, but they are more numerous, and frequently coalesce, and are attended with considerable inflammation of the surrounding skin. The itching and tingling are exceedingly severe, particularly at night, and the integument is tumid and swollen. This form of the affection is apt to continue several weeks.

There are a few causes not enumerated by all writers, which I will mention. Chloral and santonine are spoken of only by very late authors. *Urticaria accompanying intermittents and rheumatism is generally recognized.* Any irritation to the skin may produce it in certain subjects; so may any substance taken into the stomach do the same thing. Irritation to the air passages, dentition in children, an excess of earthy phosphates and free acid in the circulation, over exercise, and strong mental emotion.

I will quote from Wilson again, who says: "The causes of urticaria are referable to irritation of the gastro-pulmonary and genito-urinary mucous membranes. Thus it is induced by dentition, by gastric irritation, by intestinal irritation, by uterine irritation, and more rarely by pulmonary irritation; mental excitement or anxiety, fatigue, exposure to cold or heat, also contribute towards its development, and occasionally it is seen in association with rheumatism."

Urticaria has been observed occasionally as a critical eruption, and it has been stated by some authors to have occurred epidemically. Retrocession of this eruption has sometimes been followed by a serious aggravation of internal disease.

Under the head of urticaria tuberosa, Willan, as copied from Dr. Day's translation of Simon's Animal Chemistry, observes: "The urine in a case of urticaria tuberculosa has been analyzed by Scherer. The patient was a young man who likewise suffered from rheumatism. The urine was discharged in very small quantity, often not more than five or six ounces in the forty-eight hours. It was clear, of a brownish red color, very acid, and its specific gravity 1028 * * * The most remarkable points in the constitution of the urine are the large amounts of earthy phosphates (202 grains to 1000) and the excess of free acid. In a case of urticaria, in which the urine was examined by Dr. Maclagan, (*Edinburgh Monthly Journal*) its composition was found to be as follows: urea 6.91, uric acid 0.05, inorganic salts 12.03, organic matters and water 981.01. The chief peculiarity in the present case was a deficiency in the ordinary characteristic ingredients of the urine, the urea and uric acid. This could not arise from mere excess of water, first, because the urine was not excessive in quantity; second, because the inorganic salts were above the normal standard, whereas, had the water merely been in excess, they, too, ought to have indicated a diluted condition of the urine. Dr. Maclagan ventured, therefore, to propose as the pathological view of the case, that the defect here was merely a deficiency of the urea and uric acid; in short, a want of what modern chemists call the products of transformation of the tissues, and that the retention in this way in the system of matters which ought to be eliminated from it might be the cause of this cutaneous irritation, especially, occurring as it did, after meals. The conclusions deduced from these observations are:—

1st. That urticaria is intimately connected with a deficiency of the organic salts of the urine, and their probable retention in the system.

2d. That colchicum has an action capable of restoring the deficient salts and thus curing the disease.

3d. Rheumatism and urticaria, and purpura and urticaria, are frequently found to be present together. They are also benefited by the use of colchicum. It may be safely asked, do they not depend on the same common cause, namely, the presence of those salts in the blood? Such an influence has been applied in the case of rheumatism.

Reporter, October 9th, 1869, copied from the *Medical Press and Circular*, Dr. Henry Purdon says: "Urticaria is occasionally connected with the presence of a rheumatic or gouty diathesis, and I have observed the eruption alternating with chronic bronchitis. A short time since I had under treatment a female, aged fifty-four, who had lately returned to England from California, where she had endured great hardships, and also suffered from rheumatic fever. During the time this patient was under observation *the eruption of wheals alternated with lumbago, and were evidently connected with rheumatism*, this latter disease being well known to involve both the motor and sensory nerves. In such cases the capillary vessels may be ruptured, allowing extravasation of blood followed by the formation of wheals, hence the purpura urticans of Willan."

"Tilbury Fox states that the solar plexus is oftentimes involved, and those individuals subject to this distressing complaint are occasionally troubled with functional palpitation of the heart, which may be accounted for by means of its nervous connections, that organ becoming symptomatically affected through the means of the semi-lunar ganglia, communicating in the thorax with the cardiac, the greater splanchnic receiving also a small twig from the pneumogastric and phrenic; this accounts, likewise, for the difficulty of breathing experienced during the attack in some cases."

There is a case reported by H. S. Crandall, M.D., of Leonardsville, Madison Co., N. Y., in the Transactions of the New York State Medical Society, 1869; entitled "An extraordinary case of purpura, or something analogous to it," which I consider a case of urticaria, with purpura dependent upon malaria. Should this article meet the Doctor's eye, I would respectfully ask his attention to the subject again, and compare his case with the symptoms and theories of urticaria, as laid down in all standard works on the subject. Dr. Segnitz has referred me to Reayer as authority; let us see what he says: "Urticaria is combined with fever, hard, frequent pulse, tightness of chest and general shivering; it is associated sometimes with intermittent quotidian, and tertian fever. *In rheumatic affections accompanied by eruptions, I have almost as often observed the wheals of urticaria, as the efflorescence of erythema or roseola.* Urticaria may co-exist with other affections of the skin, with lichen simplex, with erythema, with roseola, and occasionally with impetigo."

Wichman has seen it with variola, Hufeland with measles and icterus. Watson speaks of urticaria as being very tormenting. "The chronic period is apt to be very teasing and obstinate. It comes and goes, and comes again. The evening is one of its favorite periods. Heberden has known persons afflicted in this way for ten years together." Watson has observed nettle rash to occur in connection with sudden and violent paroxysms of dyspnœa, resembling asthma fits; so that he could not help suspecting that the mucous membrane of the respiratory passages was irritated after the manner of the external skin. Why not, then, I say, may not malarial poison be taken into the air passages in sufficient quantity to produce urticaria? or if diphtheria is a specific poison, why may it not at the same time that it is producing its own peculiar symptoms, also produce urticaria, as almost any poison or irritant may do? As corroborative evidence of urticaria being associated with diphtheria, as in the case which I previously reported, I would refer to an article to be found in the Half-Yearly Compendium of Medical Science, Part III, page 322; which says: "Sanitätsrath Toball, of Berlin, stated that he had seen a *real* urticaria intermittens of the face and upper extremities occur in the course of a case of diphtheritis pharyngea." In the case of the child, which I reported, the rash appeared upon the whole surface of the body. I saw a case of diphtheria in July last, in a lady aged forty-five, who also had urticaria accompanying the diphtheria.

Doubtless cases of urticaria ab ingestio would nearly always pass safely away without medication; but when a physician is called, it is his duty to do what will most quickly relieve his patient of unpleasant symptoms, even if they are not dangerous.

Dr. Segnitz says, "I think it superfluous to state anything about the treatment of urticaria, as it is well known that the expectant method is the most preferable. Where malaria is predominant, we should not feel inclined to administer anti-malarial remedies as a *rational* treatment."

I will now try to show that expectant treatment will not cure all cases, although in some few cases I admit that it will answer, that all cases are not self-limited, and that our best physicians would give quinine or some antiperiodic, where "malaria is predominant."

Hartshorne says that sometimes this disease (urticaria) is chronic and tedious.

Tilbury Fox says that "urticaria is one of the most difficult and unsatisfactory of all diseases to cure * * * Where it appears that the functions of the body generally are properly performed, bromide of ammonium, or if the disease be periodic, quinine is useful." Dr. Wood says that "sulph. of quinine will quickly effect a cure in intermittent cases. Full doses of the same medicine continued for two or three days are said to have proved promptly effectual in some of the worst forms of the disease."

Willan speaks of urticaria evanida as a chronic intermittent variety, often very troublesome, and lasting for months. He gives quinine, arsenic, iodide of potassium, colchicum. I have seen it terminate fatally, he continues, in the case of a man fifty years of age, who had impaired his constitution by hard labor and intemperance.

Plumbe says that to see and know urticaria, is not to cure it.

Dr. I. N. Beach (Medical and Surgical Reporter, April 9th, 1870, from *Medical Reper-*

tory), reports some cases of malarial origin, and says, "These symptoms continued for the usual length of time, occupied by the different stages of a paroxysm of ague, and then subsided, to return again and again, until interrupted by treatment. The treatment has been that of ague."

Wilson says "that in one case sugar was excommunicated with advantage, and in the same case great benefit was derived from the citrate of iron, at first combined with the hydriodate of potassa, and subsequently with quinine." Dr. Payne (eclectic) gives iodide of ammonia in cases dependent upon a materies morbi in the blood. In cases dependent upon vegetable malaria (he says) quinine and iron are the remedies. The homœopaths give urtica, and when malaria complicates, urtica in combination with quinine.

Dr. Segnitz queries; "The author used a chlorate of potassa gargle, and I wonder how he succeeded in administering it, as his patient was only nine months old."

The term *gargle* was used in the abstract. I used the medicine the same as I would give anything else internally. When used in that way, simply for the local action while passing through the throat, I call them gargles. All medicines given to a child of that age are held in the mouth for a short time, and usually touch *all parts* of the throat thoroughly before being swallowed.

The prescription which I administered to the little one was not as complicated as many of those recommended by the authorities above named. The Doctor ridicules it, however, and calls it a jumble of medicines without any compatibility whatever. I should like to have him show me where the incompatibility exists, and if he don't think it efficacious, in properly selected cases, as one of the visiting surgeons to a New York Hospital lately said, "let him but try it, and he will be surprised at its results." (The dose, of course, to be proportioned to the age of the patient).

In summing up the foregoing statements and quotations, we arrive at the following conclusions, viz:—

1. That urticaria may be produced by almost any ingested substance, by any irritation to the skin (in sanguineous temperaments), or mucous membranes.

2. That it may accompany, or be dependent upon many other diseases, among which are intermittents, rheumatic affections, gout, diphtheria and purpura (which is usually secondary).

3. That while the disease is not usually dangerous, it may nevertheless be so.

4. That while it is frequently self-limited, it also continues in many cases for weeks, months and years, unless proper treatment be instituted, and it is many times even then extremely intractable.

5. That the best physicians, and nearly all writers upon the disease, give anti-periodics, where "malaria predominates."

6. That while Dr. Segnitz' "*genius morborum*" may be and probably is, "often, very deceptive," my *genus* morborum has been fully sustained.

Now after this evidence adduced, I hope that Dr. Segnitz will admit, like a man, that he has been a little too hasty, a little hard upon his medical brethren in the country, and slightly mistaken; that I have not disgraced the Medical and Surgical Reporter, nor its editor, by reporting cases which to him seemed preposterous.

C. W. Frisbie, M. D.

Fort Plain, August 22d, 1874.

Arm and Shoulder Presentation.

Ed. Med. and Surg. Reporter:—

On the evening of August 4, 1868, I was summoned, by L. R. B., to Mary Rauls, a negress on his plantation, thirty-five years of age, the mother of several children, having a large pelvis and good physique, who had been in labor about sixty hours. In proceeding to make an examination per vaginam, the first thing that attracted my attention was the icy cold hand of the child, evidently dead, protruding from the vulva. In passing my hand up the vagina I found the os uteri completely relaxed, and the right shoulder presenting at the superior strait; the head lying in the left iliac region, with the occiput to the front. As the os uteri was soft and well dilated, and the pelvis ample, I determined to make an attempt to convert the shoulder presentation into the natural occipital presentation, receiving encouragement from the apparent exhaustion of the contractile powers of the uterus. Accordingly, seizing the hand and forearm of the child in my right hand, with my index finger extended along its arm as far as the elbow, I carried it carefully up the vagina, the elbow describing a sort of half circle, at the same time the forearm flexing upon the humerus, until it was safely lodged above the brim of the pelvis. Having pushed the arm as high up in the uterus as possible, I then placed my fingers against the shoulder, and moved it from left to right, at the same time pressing upward also, until the head came as nearly over the superior strait as my fingers would permit. Then, with my other hand placed upon the left side of the abdomen, I held the head in position until the uterus commenced to contract, when I withdrew the hand from the womb, at the same time pressing the head firmly to the right, with the hand applied externally, until the head, easily gliding into position, was engaged in the superior strait, and firmly fixed by the pain. The second or third pain expelled the child, the placenta following soon after. There was no unusual hemorrhage, and on visiting my patient the succeeding day, I found her doing remarkably well. She left her bed on the fourth day, I *think*.

According to this woman's statement, she had given birth to several children previous to this case, with no unfavorable occurrence, and her labors had generally been short. On the evening previous to this labor she had been ironing clothes, which was probably the cause of the

shoulder presenting. This reminds me of a case of a young married lady who, while ironing, was attacked with what herself and mother called "colic." I was immediately sent for; but, upon arrival, I found an embryo, of perhaps two months, in the vagina. The abortion was all over in two hours from the first pain.

I publish the above case, because I cannot recollect any record of a similar arm and shoulder presentation being converted to a head presentation by manipulation. In this case there was very little difficulty; as no pain came on until the arm and shoulder were elevated, and the head pressed into position. At an earlier period of the labor, when the pains were more violent, perhaps the difficulty would have been much greater.

While writing, let me report a curious case of

CONGENITAL RECTO-VAGINAL COMMUNICATION,

which came under my observation while acting as accoucheur to a lady who was delivered, on the 11th of March, 1874, of a beautiful female child, weighing six pounds, more or less. This child had no anus, proper; not even a sign of puckering, to indicate the spot at which the rectum should terminate. The rectum terminated in the vagina, from which there was a continual escape of fecal matter, the sphincter vaginæ muscle having no power to contract, and retain the dejections, which excoriated the surrounding integuments, and finally gave rise to vaginitis, metritis, etc., accompanied by spasms (no doubt the result of septicæmia), which carried away the little patient in a week from its birth. I regret that I could not make a post-mortem examination.

Very respectfully,

M. J. D. DANTZLER, M. D.

Jamison, S. C., August 1, 1874.

NEWS AND MISCELLANY.

A Long Life.

Mary Sullivan, having attained the great age of one hundred and seven years, died on Monday, July 20th, at her late residence, No. 23 Parham street, Philadelphia. The date of her birth is well authenticated. She was born in the parish of Kilgarvan, county of Kerry, Ireland, in the year 1767. She was the eldest of a family of six daughters and one son, all of whom, except herself, died many years ago.

—Dr. A. C. Sherwin reports a rather singular case, it being that of the infant son of Geo. E. Fay, which was taken sick with raising blood, and notwithstanding all that could be done for it, died within a week from the time of attack. At a *post-mortem* examination, conducted by Drs. Sherwin and Sperry, it was discovered that the cause of death was genuine bleeding at the lungs, an anomaly in medical records, as the boy was only thirty-four days old.

OBITUARY.

DR. CHARLES WOODWARD.

Dr. Charles Woodward, a pioneer of the medical profession in Cincinnati, Ohio, died shortly after noon Sunday, of heart disease, at his home on East Walnut Hills. As a graduate of the Pennsylvania University, Dr. Woodward came to this city and commenced the practice of medicine in 1829, and prosecuted it with marked success and zeal until within a week or two before his death. For many years he lived in the old home on the north side of Sixth street, west of Vine, until, acquiring considerable property, he removed to the home occupied by him at the time of his death, on East Walnut Hills. Here he has dwelt with his family for the last ten or twelve years. As a physician, Dr. Woodward stood deservedly high, commanding alike the esteem of his patients and his brother practitioners. His affability and uprightness made him extremely popular among his patients, while many of the physicians of our city cherished the highest admiration for his sterling abilities. He was a brother-in-law of Josiah Lawrence, whom many of our old citizens will recollect as an early President of the Lafayette Bank. Dr. Woodward leaves a wife and seven children, all of whom are males save two.

MARRIAGES.

KNERR—HERRING.—On Wednesday, the 19th inst., by the Rev. Mr. Pendleton, Calvin B. Knerr, M. D., and Melitta P. Herring, both of this city.

THORNTON-JONES.—In Cincinnati, Ohio, on Thursday evening, August 20th, at the residence of the bride's parents, Park avenue, Walnut Hills, by the Rev. J. R. Mitchell, of Indianapolis, Mr. John S. Thornton and Nettie M., daughter of Dr. A. E. Jones.

WILBUR—PETHERAM.—On Thursday, August 13, at the residence of the bride's father, by Rev. R. M. Duff, Dr. H. B. Wilbur and F. Emily Petheram, daughter of Benjamin Petheram, Esq., of Skaneateles.

WOODBURY—BRYDGES.—On the 26th inst., at the Beth Eden Baptist Church, Philadelphia, by Rev. J. Wheaton Smith, D. D., Frank Woodbury, M. D., of Philadelphia, and Louie R. Brydges, only daughter of the late C. B. Bridges, Esq., of Louisiana.

DEATHS.

BLACK.—J. A. Black, M. D., on Sunday, the 16th inst., in the 59th year of his age, after a protracted illness, of an affection of the brain.

HAWES.—At Wrentham, Mass., on the 21st inst., Dr. George E. Hawes, of New York, in the 64th year of his age.

LABAREE.—At the residence of his father, Dr. H. Labaree, 336 Baymiller street, on Friday night, August 21st, Arthur Labaree, aged 18 years.

MCCLURE.—At his residence, in Warsaw, Ky., on the 12th inst., at 5 o'clock in the afternoon, Dr. Virgil McClure.

PECKWORTH.—On the 25th inst., Martha S., relict of the late Dr. John S. Peckworth, in the 70th year of her age.

SMITH.—At Bound Brook, N. J., on Thursday, the 20th inst., Dr. Robert S. Smith, in the 75th year of his age.

WARD.—At New Haven, on Saturday, August 22d, Julia M., wife of Dr. Charles S. Ward, and daughter of Rev. Isaac H. Tuttle, D. D., Rector of St. Luke's Church.

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Original Department.

Communications.

BROMIDE OF POTASSIUM.

BY F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

Bromide of potassium has grown in favorable estimation since its introduction into the materia medica. Bromine was first discovered about 1826, or less than half a century ago. Bromide of potassium did not come into use as a medicine till about the year 1836, and was then employed because it was a cheaper substance than the iodide. Ricord was induced to substitute it for the iodide in the treatment of secondary syphilitic affections.

Dr. Dick (Braithwaite, part xv,) alludes to Magendie's formula, and advises its use in struma of dyspeptics. But it is unnecessary to give a detailed history of this useful article. The object in writing is to furnish the result of personal observation in its therapeutic applications. It appears to be different in its effects upon the animal economy, from the iodide, acting more upon the nervous centres, and particularly upon mucous surfaces through the nervous centres.

In the Chicago *Medical Examiner*, for January, 1870, I contributed a short article, in which the bromides were made the subject. Since that time I have continued the extensive and varied use of bromide potassium. It is in affections involving the mucous surfaces that it has been found most useful.

During the months of May and June just past, many cases occurred in the city, of diarrhœa and dysentery. After giving due attention to the condition of the primæ viæ, by the administration of mercurials and other alteratives, I found the use of bromide of potassium very efficient in controlling the inordinate peristaltic action. I generally combined it with some aromatic and an opiate. I will give a few illustrative cases.

Case 1. May 6th. M. F. W., male, about twenty-two years old. Had diarrhœa for some days. Prescribed as follows:—

℞. Bromidi potassii, ℥ij
Syr. zingiberis,
Tr. opii. camph., āā fl.℥j. M.
Sig. Teaspoonful every four hours.

8th. Diarrhœa completely controlled.

Case 2. May 24. Ruth H., aged sixteen. Has had diarrhœa for some hours, attended with prostration and gastric disturbance. Prescribed:—

℞. Brom. potassii, ℥j
Syr. zingib., fl.℥ss
Tr. opii. camph., fl.℥iij
Tr. menth. pip., fl.℥ij. M.
Sig. Teaspoonful every three or four hours.

3d. No more action from the bowels since yesterday.

5th. Bowels perfectly regular in their action.

Case 3. May 19th. Robert H., aged twelve, stout healthy boy; has diarrhœa, with tormina, and some tenesmus

℞. Brom. potassii., ℥j
Syr. zingiberis, fl.℥ss
Tr. cinch., compos., fl.℥j
Tr. opii. camph., fl.℥ss M.
Sig. Teaspoonful every three or four hours.

21st. Diarrhœa controlled, and there has been no pain since taking the first two or three

doses. The tr. cinch. compos. was added to obviate a slight tendency in the family to an undefined intermittent.

Case 4. June 6th. Three inmates of the "Industrial Home," a retreat for homeless girls, were taken, last night, with severe diarrhœa, with gastric distress and some tormina.

The cases being all similar, I gave

℞. Bromidi potassii, ʒiss
Syr. tolutani,
Tr. opii camph., āā fl.ʒss
Aquæ amygdal. amar., fl.ʒj. M.
Sig. Teaspoonful every three or four hours.

8th. The diarrhœa, in every case, was at once controlled after taking the mixture two or three times.

Case 5. May 9th. A female child, twenty-two months old; has dysentery. Stools bloody and mucous. Severe pain, and tenesmus to some extent; considerable prostration.

℞. Bromidi potassii, ʒss
Syr. zingib., fl.ʒss
Tr. opii camph., fl.ʒx
Aquæ cinnamomi, fl.ʒij. M.
Sig. Half-teaspoonful every three or four hours. Also to take small doses of sub. nit. bismuth two or three times daily.

11th. Much improved; the stools becoming natural in color and consistence.

13th. No more return of dysenteric symptoms; discharged, convalescent.

Case 6. Mrs. N., mother of the above. Taken, June 4th, with a profuse diarrhœa, attended with pain; some fever, and a good deal prostrated; cannot raise up in bed without vomiting; tongue somewhat coated; six months advanced in pregnancy.

Directed her to take the same mixture the child had taken, in three times the dose.

5th. Some better, but still much prostrated; nausea on raising up in bed; stools not frequent, and some appetite.

7th. Convalescing rapidly; has taken nothing but the mixture, except, perhaps, a few grains of bismuth.

Case 7. Mrs. H., mother of Case 3. June 2d. Severe diarrhœa, attended with pain. Large and fleshy woman, but has been rather feeble since the birth of a child, in January last. Prescribed,

℞. Bromidi potassii, ʒij
Syr. zingiberis, fl.ʒss
Tr. opii camph., fl.ʒss
Tr. cinch. comp., fl.ʒj. M.
Sig. Teaspoonful every three or four hours, alternated with gr. ij sulph. quinia.

3d. Diarrhœa entirely controlled. To continue quinine.

15th. Was called, and found her laboring under an attack of remittent fever. There had been no diarrhœa, but her strength had not returned.

There was also a profuse leucorrhœal discharge, attended with much pain in the region of the ovaries, which had troubled her for some time. For this, on the 6th inst., I had prescribed as follows:—

℞. Bromidi potassii, ʒij
Syr. senegæ,
Fluid ext. ergotæ, āā fl.ʒss
Tr. cinch. compos., fl.ʒiss
Ol. gaulther., gtts.x. M.
Sig. Teaspoonful three or four times daily.

After taking the above mixture a few days there was a decided improvement in the leucorrhœal condition, but the discharge not entirely checked. There was but little pain in the sides of the pelvis, however.

For the feverish condition I prescribed a mild mercurial, which was to be followed with sulph. quinine. As stated in connection with Case 3, there were some local causes to produce fever, as the house is near a creek, in the northeast limits of the city.

17th. Convalescing rapidly. To continue quinine, and take lager beer.

Case 8. May 4, 1874. Called to see a child (boy) 17 months old, previous health good. Was taken on the 2d inst. with some looseness of the bowels, together with a cough attended with hoarseness. Found it with fever, coated tongue, hot skin, and very irritable. Passing stools mostly of ropy mucus, tinged with blood. Slight tenesmus, but no tormina that can be discovered. Great thirst, and no appetite for food. The mother, an intelligent Irish woman, says the child passed two worms within the last month. Prescribed,

℞. Calomel, gr.j.
Santonin, gr.ss.
Pulv. doveri, gr.ij. M.

followed with castor oil after these are taken, at an interval of three hours. Also,

℞. Bromidi potassii, ʒss.
Syr. zingib., fl.ʒss.
Tr. opii camph., fl.ʒss.
Aquæ cinnamomi, fl.ʒij. M.

Sig. Half teaspoonful every three or four hours.

May 5. Much the same. Stools more copious, from the powder and oil, but no indications of worms. Slept some during the night. To continue the mixture, and have boiled rice as diet. Pulv. dov., gr. iij., should he be in great pain.

6th. Some better. Stools yellowish, without blood. Continued mixture.

7th. Still improving. Slept well last night, there having been no evacuation till morning. Alternated with the mixture, give small powders sulph. cinchoniæ, salicine and pulv. doveri.

9th. Stools more natural. Has taken the mixture and powders since the 7th. Discharged as convalescent.

Case 9. The mother of the above was taken on the 5th with dysentery, and some nausea, with prostration. I directed her to take the bromide mixture in treble the dose given to the child, and she was well in two or three days, with no other medication.

Case 10. A young man, about thirty, was taken, June 13th, with profuse diarrhœa, attended with some nausea and pain. Prescribed as follows:—

℞. Bromidi potassii ℥j.
Syr. zingiberis
Tr. opii camph. āā ℈ss. M.

Sig. Teaspoonful p. r. n.

14th. Diarrhœa was controlled after taking one dose of the mixture.

The above are most of the well marked cases of mucous diarrhœa, or dysentery, which came under my observation. Without exception, almost immediate relief was felt after taking the mixture. Every one made a good recovery, without becoming exhausted. How numerous the cases of diarrhœa were in the city I am unable to state, but if every one met with an equal number there must have been an unusual prevalence.

In affections of the mucous membranes of the genito-urinary organs I have also used bromide of potassium with success. In connection with ergot and general tonics, as in case seven, above, I have prescribed it in many instances. In menorrhagia, associated with an excessive secretion of mucus from the uterus, it has proved beneficial. Its modus operandi appears to be similar to that of the ergot, and they cannot fail to produce good effects. The dose is not large enough (seven and a half grains to an adult) to cause any unpleasant effects such as are noticed when it is given in three or four times that amount. I might give details of cases but will hope that others may have had similar experience.

There is some discussion of late in regard to the effect of potassium bromide in affections of the urinary organs, acting through its elimination by the kidneys, and its becoming mixed with the urine. Be this as it may, I have no doubt, from personal observation, of its favorable influence in affections of the urinary organs in both sexes. In strangury from gonorrhœal or other conditions, it is a valuable agent for relief, given alone or in conjunction with other remedies which the case may indicate. This article, like many others in common use, produces an effect differing according to the amount administered. No more than ten grains are necessary when we desire to act merely upon the mucous tissues. To produce an impression upon the cerebral system, to obviate spasmodic action, less than fifteen or twenty grains will have no effect. It may be ranked with sulphate quinine in this particular, as it is well known that the effect of five or ten grains of the latter is far different from that of one or two.

Regarding the effect of bromide of potassium in large doses, and the conditions in which it is to be used, it is not now proposed to discuss. That it acts to modify the effects of opium and obviate its unpleasant secondary influences, is maintained by a recent writer. That it may be owing to this combined influence is perhaps true.

I have not relied upon this agent alone, during this season, to control a diarrhœa or dysentery. That opium alone will not uniformly check an inordinate action in the alimentary canal, every practitioner is aware. It is well to study the effects of remedial agents in conjunction with others as well as alone. The combination of opium and ipecac. in Dover's powder is a case in point, as well as the joint action of the components of tr. opii camphorata. Although it is well to adopt the use of all new remedies brought into notice from time to time, still, we should also be diligent in watching the effects of medicines already established in use.

In some future communication I propose to report cases in which this article was used in uterine affections.

Hospital Reports.

LONG ISLAND COLLEGE HOSPITAL.

Service of Prof. Jarvis S. White.

Reported by Benj. F. Westbrock, House Surgeon.

Case of Bubo, injected with Sulphurous Acid.

W. R., æt. thirty-seven, an American seaman, was admitted to the Hospital, July 9th, 1874, with a bubo in the right inguinal region.

Two months before, while at sea, he had a venereal ulcer on the penis.

As the bubo seemed inclined to suppurate, it was poulticed. It was opened on the 13th of July. The incision was parallel with Poupart's ligament and about three-eighths of an inch in length. It discharged from one to two ounces of thin, puriform fluid.

The cavity was injected, twice daily, with a solution of sulphurous acid and glycerine, one part of each to twelve of water.

After the first injection there was no more discharge, except a slight oozing of serum, and the cavity continued to contract, until, on the 22d, it had almost entirely closed. The injection was then stopped.

On the 29th of July the patient was discharged, cured.

Brooklyn, New York, Aug. 18th, 1874.

Medical Societies.

BRITISH MEDICAL ASSOCIATION.

Norwich, Tuesday Evening, Aug. 11.

The British Medical Association commenced its Forty-second annual meeting to day. The proceedings commenced with a special service in the Cathedral, the preacher being the Rev. Canon Heaviside. In the afternoon a Council meeting was held, and this evening the inaugural general meeting was held, when the retiring President, Sir William Fergusson, resigned the chair to the President elect, Dr. Edward Copeman.

The President elect, in his inaugural address, recalled the fact that the celebrated Sir Thomas Browne was a Norwich physician; that the eccentric Dr. Messenger Monsey was the son of a Norfolk clergyman, and well known as Sir Robert Walpole's Norfolk doctor; that one of the Aldersons practiced in Norfolk as a physician; that Dr. John Kaye, or Caius, of Cambridge notoriety, was born at Norwich, in 1510; and that the late Mr. Martineau was surgeon to the Norfolk and Norwich Hospital for many years, and was regarded as one of the greatest lithotomists of his day. He might add the names of Rigby, Dalrymple, Lubbock, and Crosse, the last having been one of the foremost of provincial surgeons, and one of the founders of the British Medical Association. Norwich had a noble provincial hospital, more than one hundred years old, containing a museum in which were displayed all the stones removed by operation since its foundation, as well as many unique specimens of morbid anatomy.

Wednesday, Aug. 12.

The British Medical Association continued its proceedings to-day, an address on "Medicine" being delivered by Dr. J. Russell Reynolds, Professor of Medicine in University College, and Physician to University College Hospital. Dr. Reynolds argued that if we would know the present condition of medicine and pathology, we must see whence it had come and whither it was tending. It was not his intention to attempt to furnish an account of the details of recent scientific works on medicine, but rather, by an examination of our past and present relations to four great propositions, or, if he might use the term, articles of creed, to show how they had affected our modes of investigation in the past, how they are governing or guiding our labors now, and what were the results which we saw coming from the now-existing and prevailing tendencies of thought. The four articles of creed to which he referred as influencing for good and for evil the progress of scientific pathology, were a belief, first, in life; secondly, in man; thirdly, in individuality; and, fourthly, in the specific character of disease. By losing sight of or underrating the great primary fact of life, we deprive ourselves of the information to be gained from a study of subjective symptoms, we often misdirected our therapeutic efforts, by eliciting vital action rather than conserving vital force, and we lost sight of many of the most important causes of disease. By failing to see the specialty of the nature of man, we underrated or ignored much of the etiology of human suffering, we were often misled by the results of observations upon animals, and we were in danger of misinterpreting the facts of the most serious maladies which might afflict our fellow-creatures. By disregarding the individuality of man we were in danger of again, and in another way, losing a due appreciation of the causation of disease, and of overrating the value of statistics, and of being led away by their apparent precision, which existed only with regard to masses. By an unsound application of the idea of the specificity of disease, we might, on the one hand, sweep away distinctions which were facts of pathology, and, on the other hand, lay down lines of demarcation which were unreal. It was, he thought, obvious that the science of medicine was in a state of change, as well as of progress. It had not yet arrived at the degree of exactness which might be found in the simpler sciences; but those who were devoting themselves to its pursuit were pressing toward that end, and each was endeavoring so to throw his mite into the treasury of knowledge that a scientific ordination of the facts of pathology might hereafter be a possibility. But the facts were so diverse in kind, so varied in appearance, and so bewildering in their complexity of form, that we must wait, and, perhaps, wait long, for their due arrangement. A true science of pathology

could not be until the knowledge of all individual workers was the common property of all. In the meantime, we must learn to labor and to wait; and we must, least of all, commit ourselves to any one particular school or line of thought, but rather cultivate that habit of mind which had "a look southward, and was open to the whole noon of nature." In our recognition of the specialty of disease we had carefully to examine the nature and the sources whence they came, of all the contaminations by which the stream of life might be damaged or defiled. They might be puzzling, hard to separate, and still harder to trace to their source; they might be complicated in their effects, and so mixed together that again and again we might be baffled in our attempts at their analysis; but what we wanted was work, not on any preconceived theory, but work which should faithfully follow onward and trace backward the line of sequence of events, and eventually yield, as it had done before, a real knowledge of the facts we wished to know. Again, with regard to the individuality of man we must strive to show whence each life had come, the nature of its source, the conditions of its youth, the struggles of its onward progress, the valleys through which it had passed, and the rocks it had had to "overleap or rend." We might be often perplexed in our attempt to solve the problem which it presented, but we must accept the facts of their existence and of their variety. We must know all that made up individual life if we would understand its ills. We must go back to its source, and look around at all through which it had had to pass or work its way, if we would know how to understand or arrest the troubles it might meet. Again, with regard to man, it was not until we recognized in him his true relation to the world which lay around him that we should duly understand his sorrows, or whence they came, in such a way as to prevent them or relieve them when they were thickly hedging him about. Lastly, we must duly appreciate the great fact of life, the mystery of mysteries, which underlay all our knowing, and over-arched us sometimes with light, sometimes with impenetrable gloom. When we tried to realize it, we seemed to be on the surface of a boundless ocean; above us the sky, now dark with cloud and rent by storm, now lit with sunbeams or trembling with the pale light of stars, beneath us a mighty deep, with its unknown treasures, mysterious currents, and "sense of unfathomable danger." Sometimes we saw the land, and pressed toward it, but again the night came down, the horizon line was lost. We were poised between two worlds, and although we might strain our eyes to see and our ears to hear, we might find no token to tell us of the points in which they met, no glimmer of the unseen things which severed them. But let us thank God that we were not left alone, and that in such darkness there often arose light.

The address was frequently applauded, and, on the motion of Professor Hughes Bennett, a unanimous vote of thanks was tendered to Dr. Reynolds. Professor Bennett observed that the occupation of the medical man and physiologist was to determine the laws which governed vital properties. This task presented enormous difficulties, and how were they to be overcome? He contended that medical men were justified in making use of the inferior animals, with a view to the solution of the problem. He considered that many existing difficulties and mysteries might be overcome with work, if workers were found, and if those workers were properly remunerated. Dr. Bateman, of Norwich, seconded the vote of thanks.

It was agreed that the summer meeting of the Association should be held in Edinburgh, and Sir R. Christison was elected President for 1875.

In the Public Medicine Section, over which Mr. W. H. Michael presided, Dr. Rogers, as President of the Poor Law Medical Officers' Association, made a statement to show that where medical relief was stinted the general expenditure on Poor Law relief was heavy.

Dr. Beverley read a lengthened paper on Hospital Hygiene, illustrated by reference to the Norfolk and Norwich Hospital.

A vote of thanks was accorded to Sir W. Fergusson, the retiring President, for his services during the past year, and he was unanimously elected Vice-President for life.

A report was presented from the council, which stated that the Association now numbered between 5000 and 6000 members, and its financial condition was also satisfactory. The income from all sources last year was £8511, and the debt of the Association was reduced to to £212. with a prospect of total extinction this year. Under these circumstances the council proposed that £200 should be granted in aid of researches in medicine and allied sciences. The Council stated that an invitation had been received that the next country meeting of the Association should be held in Edinburgh. After some discussion the report was adopted, and Mr. F. Fowkes was re-elected Secretary for 1874-5. The meeting was then adjourned to Thursday.

In the evening there was a *soiree* in St. Andrew's Hall.

THURSDAY, August 13.

This morning the British Medical Association resumed its sittings, when an address on Surgery was given by Mr. W. Cadge, F.R.C.S., Surgeon to the Norfolk and Norwich Hospital. Mr. Cadge observed that the novelties of surgical practice introduced during the last year or two were scarcely important enough to constitute a theme. They were chiefly comprised in Esmark's bloodless system of operating and Dittel's elastic ligature. Concerning these, he would only say that the first was not a novelty, having been practiced by one of the members of the association many years since; the second was, in his opinion, more curious than useful, and not worthy of a place either in the records or in the practice of surgery. There was one great sub-

ject which, if not exactly a novelty, was of recent time, and was still waiting for a solution, both as to its facts and as to the theories held to account for its facts—he meant the germ theory of putrefaction and antiseptic surgery. This subject he considered of surpassing importance and interest. Underlying, if not undermining much of the existing fabric of surgical pathology and practice, it could not be too often brought to the bar of professional criticism, for on its right solution, whether it was true or not, depended a multitude of points in daily practice, and even, probably, the lives of many of our fellow-creatures. The remainder of Mr. Cadge's paper was devoted to an elaborate examination of stone diseases, which occasions an annual mortality at the rate of one in 42,744 of the population in Norfolk, as compared with one in 425,525 in Cheshire. Incidentally alluding to the importance of milk for the support of young children, Mr. Cadge observed that it would be a glorious result of statecraft if—instead of the futile wrangling over the sale of fermented liquors, which had wrecked one powerful Government, and, by the disappointment of greedy expectants, had gone far to sap the popularity of its successor—by some equitable enactment, those who possessed and occupied the land should be held responsible for the production in sufficient abundance for the wants of the poor of that which was now a costly luxury, but which nature pointed out to be the chief—he might say the only—need of early childhood. The local influences which contributed to renal and vesical calculus in Norfolk were, Mr. Cadge thought, the universal consumption of malt liquor, the constant daily use of exceedingly hard drinking water, and the accumulated effect of hereditary predisposition.

A cordial vote of thanks was accorded to Mr. Cadge for his address.

Professor Hughes Bennett made a statement as to the antagonism of medicines—hydrate of chloral and strychnia, sulphate of atropia and calabar bean, hydrate of chloral and calabar bean, sulphate of atropia and meconate of morphia, meconate of morphia and infusion of tea, meconate of morphia and theine, meconate of morphia and caffein, meconate of morphia and quaraine, meconate of morphia and infusion of coffee, extract of calabar bean and strychnia, hydrate of bromal and atropia, etc. The statement was received with much attention and elicited a hearty vote of thanks.

Approval was given to measures taken for the incorporation of the association under the Companies Acts, 1862, and 1867.

Sir James Paget delivered an able address yesterday afternoon, as President of the Surgery Section. He observed that in the present day we overvalued the blood and estimated too cautiously the loss of it. There were few persons in the room who might not be bled to fainting, and to-morrow be almost unconscious of it; perhaps in this week of hospitalities they might even be the better for it. [A laugh.] Referring to the use of mercury, Sir James observed that in his youth mercury was largely administered. It probably did good in a large number of the cases of which the real nature was not at the time discerned, and in a large proportion of the chronic diseases of internal organs which we now assigned to syphilis. Years ago there was no suspicion that syphilis affected any but the external parts. We knew now a multitude of syphilitic affections of the liver, of the lungs, of the spleen, and many more still of the nervous system, which formerly were vaguely put down to chronic inflammation of unknown origin, or to tumors, thickenings, and productions of substances which needed to be absorbed. At the present time we were rather apt to think that pathology should be the guide of therapeutics, while there was a large number of cases in which therapeutics should rather be the guide of pathology. The fact that a medicine cured a given disease was as much a fact and quite as significant a one as the employment of a chemical test for discerning the nature of a solution. It could be repeated from time to time, and with the same results. There was hardly anything in the chemistry of complex bodies more sure than that quinine cured ague and a large number of periodic diseases. As with quinine, so with mercury. If in his youth the value of therapeutic tests for indicating disease had been fairly estimated, we should have come many years sooner than we did to a knowledge of the syphilitic nature of a large number of internal chronic diseases. We were, he believed, too much under the guidance of what might be justly called inferential therapeutics. Because we knew something of pathology, we might, therefore, proceed at once from pathology to the knowledge of the remedies of disease. It was a fair method of study if it were not carried to excess, but it should be studied side by side with the other fact, that therapeutics might just as fairly be a guide to pathologic knowledge.

In the Public Medicine Section, to-day, Mr. W. H. Michael again presided. A discussion arose on a paper read by Dr. Beverley on the preceding day on hospital hygiene, with especial reference to the Norfolk and Norwich Hospital, in which a large amount of pyæmia has prevailed lately. Dr. Beverley recommended the construction of a series of single-storied buildings for the reception of such patients, care being taken to secure thorough ventilation.

Mr. Sympson, of Lincoln, made a statement as to defects in the Lincoln County Hospital, where pyæmia and erysipelas had also prevailed to some extent, the ventilation being imperfect. North winds were found to be injurious, but it was not the same with east winds, as Dr. Rumsey had feared to be the case in a London hospital.

Dr. Druitt expressed his opinion that when once a hospital became infected the best course was to pull it down.

Mr. Barwell observed that the economic aspect of the question must be considered. In the case of the Norfolk and Norwich Hospital he attributed present difficulties to injudicious additions

to the original building. There ought to be no place in a hospital where air could stagnate, and the staircase ought not to be in the body of the building.

Dr. Falconer observed that it was a mistake to speak of air as if it were under our perfect control. Air could not be driven about as we liked. At the same time, every facility should be given for the ingress and egress of air from a dwelling. An attack of erysipelas had broken out in St. George's Hospital. Washing was stopped in the hospital, and the disease disappeared. He thought it was possible to have movable roofs to hospitals; these roofs might be periodically raised and a thorough ventilation might be secured. By such a system as this it would not be necessary to pull down old hospitals, although they had a tendency to become contaminated.

Mr. C. B. Fox said the walls of old hospitals had a tendency to become saturated with organic matter. Had any measures been adopted to remove this organic matter at Lincoln or Norwich?

Dr. Copeman said he remembered a very serious outbreak of erysipelas in the Norfolk and Norwich Hospitals before recent additions to the hospital were made. So severe was this outbreak that operations were suspended for a time. Afterwards there was a remarkable immunity from erysipelas in the hospital. One roof in the hospital had been found to contain recently a large quantity of impure air.

Mr. Hutchinson remarked that at Leeds a splendid new hospital had produced a large amount of pyæmia. Care in dressing wounds and isolation of contagious cases had been found to be productive of the best results. Erysipelas often originated *de novo*. He believed also that pyæmia originated from local contagion rather than from the air.

Dr. Fussell deprecated pupils or surgeons passing from fever wards to accident wards, or from post-mortem examinations to accident wards.

Dr. Beverley replied. He stated that measures were being adopted to cleanse one of the walls of the Norfolk and Norwich Hospital. The question of economy must, of course, be considered, but still human life must not be sacrificed, and it would be better to have a small and thoroughly efficient hospital than a large and inefficient one. Some other points having been noticed by Dr. Beverley, the discussion closed.

Dr. C. J. Fox read a paper "On Water Analysis; as it should and should not be performed by the Medical Officers of Health." Dr. Fox observed that the elementary principles upon which the greater part of the work of the Medical Officer of Health was based might be said to be the prevention of water pollution and of air pollution with the products of decomposing filth. The examination of drinking water formed a very important portion of his duty in his crusade against preventable disease. The most rough and ready way which has been employed for ascertaining whether or not water was polluted with organic matter was to partly fill a clear bottle with a sample of it, and having violently shaken the same to take a hearty sniff at the air of the bottle which had been agitated in the water. If the air smelt sweet and fresh, the absence of an injurious amount of organic matter was inferred, and *vice versâ*. It should be borne in mind that the existence of an unpleasant odor or taste about the water from a well sunk through certain kinds of clay was no proof of the pollution of water with organic matter. Water if allowed to remain long in contact with certain kinds of clay acquired such an objectionable smell as to be at times quite undrinkable, and yet might not at the same time contain an amount of organic matter which would warrant its condemnation. A well of this kind could be made to furnish excellent water by the frequent withdrawal of its contents, or, if that was not practicable, by the filling up of the dug portion of the well and by drawing the supply solely from the bore pipe. Dr. Fox, in closing a paper of considerable length, said his object in bringing the subject of water analysis before the Association, which numbered among its members so many Medical Officers of Health, was the hope that some uniform plan of examination might be adopted by all.

Mr. A. Haviland made some observations on the geographical distribution of disease within the area of the counties of Northampton, Leicester, Rutland, and Bucks. He expressed an opinion that typhoid fever was contagious, although he knew that it was a moot point. Consumption prevailed to a great extent in the valley of the Nene, especially among women, who lived less out of doors than men. Every Northampton shoemaker was fond of poaching and country life, but the poor women remained at home. He complained that one medical man had returned scarlet fever as sore throat, and that the fever had spread in consequence. He thought strict accuracy was essential in all such matters.

After a short discussion, the section adjourned.

The usual public dinner was held in the evening, in St. Andrew's Hall. The chair was occupied by Dr. Copeman. There were about 300 guests, and the Hall presented a brilliant appearance. The Duke of Connaught could not be present, in consequence of other engagements. It was suggested that next year there should be a section for military and naval surgery.

FRIDAY, August 14th.

This morning the British Medical Association continued its sittings. An address in obstetric medicine was delivered by Dr. J. Matthews Duncan, physician to the Royal Maternity Hospital, and Lecturer on Midwifery in the School of Medicine, Edinburgh.

In the Public Medicine Section, Dr. Drysdale, senior physician to the Metropolitan Free Hospital and physician to the North London Consumption Hospital, submitted a paper on the influence of tobacco on public health. Dr.

Drysdale observed that in the midst of all cheering signs of the march of scientific civilization, it was curious to remark that the custom of tobacco-smoking became every year more prevalent. He did not think that alcoholic intoxication was so prevalent as it used to be, although it was still terribly prevalent; but he expected no one to doubt his assertion that tobacco was becoming much more extensively consumed, and that even by the highest classes. Quite recently the leading medical journal, edited as it was by writers of great literary merit as well as great professional eminence, recommended the use of tobacco as a necessary for our troops on foreign service, thus classing it with the hygienic remedies useful in malarious and tropical districts. He therefore almost feared that any one accusing tobacco of doing any harm to the public health might not impossibly run the risk of being charged with the madness of the great Spanish hero of Cervantes, and be reputed as running a tilt against windmills. He had seen, however, in the course of his life, so many cases of disease which he, rightly or wrongly, had attributed to the use of tobacco, that he felt it his duty to say a word on the negative side of the question. It was not above a month or two since that he saw, in the course of one week, two cases of complete blindness, accompanied by atrophy of the optic disc, in men, entirely due, he was sure, to the use of tobacco. One of these patients was of the age of twenty-seven, and had been a most extensive smoker for some six years, consuming, he said, an ounce of Virginia tobacco daily. The other unfortunate young man was only twenty-four years old, and he had been in the habit of chewing constantly as well as smoking. His amaurosis was quite similar in its character with that of the other patient. Affections of the gums and tongue were very frequently seen in old smokers. The tongue looked as if it had been painted with a solution of nitrate of silver in some cases; in others there was lividity of the gums and great duskiness of the fauces. Among the poorer classes tobacco-smoking and chewing often made a man's mouth a deplorable spectacle. Dyspepsia and diarrhœa were more frequently caused by smoking than many believed, and Sir W. Jenner used to say, and he (Dr. Drysdale) thought with truth, that the use of tobacco disposed to palpitation of the heart, prolapse of the rectum, etc. Whatever might be thought of this view, he could cordially subscribe to the opinion which ascribed to tobacco many of the cases of *malaise* and cachexia of men who would otherwise be in excellent health. Tobacco-smoking had left the tap-room, and now even the Throne itself was not destitute of the perfume of tobacco. Were the modern Turks or Germans to go on smoking from morning till night, as they did, and consuming Virginia tobacco or Cavendish as we did in England, they would indeed present a deplorable spectacle of public want of stamina. Fortunately, however, German and Turkish tobacco was almost devoid of noxious properties. In Russia, Turkey, and some other nations, women had already begun to invade the smoker's domain, which in England they had at present left unexplored, to the great satisfaction of all who valued good complexions in their countrywomen. In Russia elderly ladies asked smokers for a light for their cigarettes or cigars, and taught their daughters to blacken their teeth and injure the purity of their breath by inhaling the fumes of the burning weed. He could not help thinking, with the physicians of more primitive times, that simple diet, with absence from stimulants and narcotics, would, to the end of all time, be found the greatest friends to virtue, beauty, and good health. Railway traveling, always so uninviting, was now rendered much more so by the stale smell of tobacco smoke. The whole of Europe, it had been remarked by Professor Mantejezza, was fast being turned into a cigar divan; and it became every day more difficult for a male of average strength of mind to assert his liberty to refrain from tobacco if he went into society at all. He (Dr. Drysdale) thought, then, that it was time for such practitioners of the healing art as had anything to say about tobacco to speak out. For his part he charged tobacco with causing blindness, palpitation of the heart, paralysis, diarrhœa, and diseases of the teeth and mucous membrane of the mouth and tongue. He alleged that it was a foe to cleanliness and good manners. He knew that it was injurious to workers in tobacco factories, and he therefore contended that it was not a true luxury and never a necessary. Tobacco might be used for the treatment of asthma, but to admit tobacco-smoking, chewing, and snuffing into the list of the luxuries of a refined and wealthy age was, in his opinion, a violation of the laws of public hygiene.

The President (Dr. Bateman, of Norwich) said he thought the question of sewage was not merely one of local interest, but of imperial interest. In Norwich the citizens had been experimenting at heavy cost in the matter of sewage and irrigation, and they would still have to expend a further sum, and at the same time take a leap in the dark. In Norwich the ratepayers were, in fact, in the position of pioneers who were spending a large amount of money for the benefit of others.

The section then adjourned.

The concluding general meeting was held this afternoon; Dr. Copeman presiding. A discussion arose upon a report presented by a committee upon qualification and State medicine. Dr. Rumsey proposed that the question should be referred to Dr. Lyon Playfair, M. P., Mr. G. W. Hastings, and the Rev. Professor Haughton, of Dublin. The report was received, with power to the committee to adopt the suggestion of Dr. Rumsey. A grant in-aid committee was appointed to carry out a recommendation that £200 should be voted for scientific researches. Thanks were voted to the East Anglian Branch of the Association and the local members of the medical profession, for their reception of the Association. Sundry other votes of thanks were

accorded to the Mayor and Corporation of Norwich, to Mr. J. J. Colman, M. P., to Lady Lothian, Lady Crossley, and other ladies and gentlemen, for courtesies extended to the Association. A cordial vote of thanks was also given to the president, Dr. Copeman.

The proceedings then terminated, although sundry excursions have been arranged to places and scenes of local interest.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

REPORTED BY J. W. P. BATES, M. D.

Acute Desquamative Nephritis.

Dr. Noel related the following case: A young man, æt. eighteen, employed in a furnishing store, complained of a swelling of hands and feet, and around his eyes. On examination, I came to the conclusion that he was suffering from some disease of the kidney, and on testing his urine, found it to contain a large quantity of epithelial casts and albumen. There was very little fever, but considerable dyspnœa, which I attributed to œdema of the bronchial mucous membrane. I first used diaphoretics, but these failing to act, I resorted to Clutterbuck's elaterium, ⅛ grain every two hours, until copious watery evacuations were produced, which gave him almost instant relief. I then gave infus. digital. fl.℥ss, spt. æther nit. fl.℥j, every four hours, which produced copious diaphoresis. The patient was put upon milk diet, and in a short time he was much improved. I think this case was of catarrhal origin

Aneurism.

Dr. Monmonier related the case of a young man, aged twenty-one, who came under his care complaining of a swelling, occupying the left axillary space, which upon examination presented the following appearances; arm thrown out from the body on account of the size of the tumor; the swelling itself presented the appearance of a fibroid tumor, but was somewhat yielding; no pulsation; used exploring needle, but it was of no diagnostic value. The patient had been under the care of other physicians, who had used liniments, etc., without affording relief. Upon first examination, I thought it was a fibrous tumor, but subsequently concluded that it might be an aneurism. Having concluded to operate, and fearing the hemorrhage, should it prove to be an aneurism, I first cut down upon and tied the subclavian artery in its third portion, then made an incision along the external border of the scapula and edge of the axillary space. Upon dividing the layers covering the tumor, a firm coagulum was found, which revealed the true nature of the case, viz., aneurism of the subscapular artery. There was but little hemorrhage, which was checked by a ligature of the subscapular. It was afterward learned that the boy had fallen down stairs, and the arm being thrown up and violently extended had produced rupture of the vessel. The patient promptly recovered.

Diphtheria and Scarlatina.

Dr. Evans referred to the relation seeming to exist between diphtheria and scarlatina. He was called to attend a lady with diphtheria, who in due time got well. As there were several children in the family, he feared that they would suffer from the disease. A few days after he was called to see one of the children, who presented all the symptoms of the early stage of diphtheria, but after a day or two developed into a well marked case of chicken-pox. A few days later he was called to see the second child. This case proved to be a typical one of scarlatina, being the second attack the child had had of this disease.

Dr. Dausch referred to a case of a girl, fourteen years of age, whom he had attended during two attacks of scarlet fever, dropsy following each attack.

Dr. McShane was of the opinion that epidemic diseases may occur twice in the same person.

Gleet.

Dr. Monmonier related a case of chronic gonorrhœa, which had been under treatment five months. The discharge only made its appearance after straining, walking, etc. The internal remedies usually used in this class of cases seemed to aggravate the disease. By the introduction of a graduated bougie, an ulcer was detected in the fossa navicularis. By means of a hypodermic syringe with a long tube, he applied a strong solution of nitrate of silver directly to the ulcer three times a week.

Dr. Liebman inquired if there was no tenderness in the membranous portion. Dr. Monmonier said not.

Dr. Irons had met a number of such cases, but had used the solid stick instead of the solution of nitrate of silver.

Dr. Monmonier said that he does not restrict himself to the nitrate, but also uses carbolic acid, iodine, etc.

Dr. Morfit said that in many cases of gleet we find the discharge kept up by an ulcer. Dr. Monmonier cannot, by the use of the syringe, limit his injection to the exact spot, but cauterizes the whole caliber of the urethra. He thought, by the use of the endoscope, the ulcer could be exposed and caustics applied directly to it.

Dr. Monmonier remarked that Sir H. Thompson has long since discarded the endoscope, on account of the pain it produces.

Burn Followed by Erysipelas.

Dr. Arnold related the case of a woman who was burned by a coal oil lamp thrown at her by her husband. For the first few days she had been attended by another physician, who had applied linseed oil and lime water. On examining the case he found the hair singed, and an extensive burn extending over the forehead, face, nose, neck, shoulders, arms, and hands. The

patient was suffering very much, and he ordered olive oil and bismuth to be used instead of the former application. Under this treatment the burns healed nicely, except a small place behind the left ear and on the arm. After some weeks he was again called to see her, and found her suffering from erysipelas, which extended over the whole burned portion of the head and body. Gave saline aperients and tr. ferri chlor. On the fourth day she became much worse; the erysipelatous inflammation became of a dark, hemorrhagic hue, and presented a shrunken appearance; wild delirium, great thirst, tongue dry and brown, and severe headache. Gave her an active purge to relieve the head, followed by quinine, muriatic acid, ice, mint juleps, etc. The next day found her in a comatose condition, in which she shortly afterwards died.

Post-mortem. A great deal of subarachnoid fluid, extreme congestion of the blood vessels over the convex surface of the brain; upon some portions found a viscid, light-colored exudation, especially near the longitudinal fissure; ventricles empty, base of brain healthy. All the other organs were found in a healthy condition except the stomach, the mucous membrane of which, at the greater curvature, was found deeply congested, presenting all the appearances of previous gastritis.

Post-partum Hemorrhage.

Dr. Friedenwald related the case of a lady who invariably flooded after confinement. A few days ago he was called to attend her, and had great difficulty in controlling the hemorrhage. Gave fl. ext. ergot in full doses, and attempted to introduce into the uterus a sponge saturated with Monsel's solution, but the vagina contracted so much that he failed. He thought that a rubber bag introduced into the womb and distended by water, so as to make pressure upon the uterine walls, would be of great use in cases in which firm contractions could not be induced.

Retention of Urine.

Dr. Lynch said that he was called to see a man who had been on a debauch and drank a great deal of beer. He had not passed water for twenty-four hours, and the bladder was greatly distended and reached the umbilicus. After making several attempts to introduce the catheter, and failing, on account of spasmodic stricture, he sent for Dr. Brown, and applied the aspirator above the pubis and drew off sixty-eight ounces of urine; gave a cathartic, and in one hour after the patient passed another pint of water *per vias naturales*.

Dr. Erich said he had succeeded in some cases like this of Dr. Lynch, by attaching one end of a rubber tube to the catheter and pouring water into the other, thus distending the urethra. In a few minutes the catheter can be introduced without difficulty.

Hernia.

Dr. Monmonier related a case of triple hernia, wo inguinal and one umbilical. The right inguinal was reduced without difficulty, the left was more difficult, and the umbilical was strangulated and could not be returned until the patient was completely under the influence of chloroform.

Cerebro-Spinal Meningitis.

Dr. Winternitz related a case of this disease under his care, in a boy sixteen years of age. He gave him ten grains of calomel three times a day, for the first two, and five grains twice daily for the next six days, and potass. brom., one scruple, at bedtime; applied ice bag to spine and gave plenty of nourishing food. Under this treatment the patient did remarkably well. At a subsequent meeting he referred to the case, and said that he gave this patient three and a half drachms of calomel in small doses, when the gums became slightly touched. The ptyalism promptly disappeared under the use of potass. chlor.; then he returned to the calomel. The patient made a good recovery.

Dr. Morris related a similar case, which progressed equally well, in which no calomel was used. He gave plenty of nourishment, and potass. brom. at night.

Gonorrhœa.

Dr. Erich related a case of gonorrhœa, occurring in a boy nine years old. There was nothing unusual in the case beside the age of the patient.

Dr. Lynch had had a case in a boy six years of age.

Dr. Bates had treated a boy five or six years old for a gonorrhœa which he had contracted from his sister, who was under treatment at the same time.

Syphilitic Tumor.

Dr. Lynch called the attention of the Society to the case of a negro man who suffered with a secondary syphilitic tumor on the side of the neck just behind the angle of the jaw. Applied ung iod., and gave hydrarg. bichlor. internally; in a few days the man returned and complained of pain in the throat, and next morning was seized with spasms of the glottis, and died suddenly.

Dr. Monmonier asked whether there was any fistulous tract extending from the tumor into the larynx?

Dr. Lynch said he had been unable to find any. He thought that probably the spasm was produced by pressure by the tumor on the pneumogastric. Dr. Uhler cited a case where an aneurism pressing upon the recurrent laryngeal produced spasms of the glottis, and tracheotomy had to be performed to relieve the patient.

Aphonia.

Dr. Arnold related the case of a woman who was very hoarse for three months and then lost her voice so that she could not speak above a whisper. On attempting to drink, the fluid would return through the nostrils. A laryngoscopic examination was made by him, assisted by

Dr. Gleitsman, when he found that the right arytenoid cartilage was destroyed, in consequence of which the right vocal cord lost its support and became curved. He also found great destruction of the pharynx from previous ulceration, and ulceration and destruction of the cartilages of the nose. This state of things was the result of syphilis. Anti-syphilitic treatment was instituted. Dr. Monmonier had a similar case of syphilitic origin, but the disease, instead of passing down into the larynx, passed upward and destroyed the soft palate and vault of the pharynx.

Dr. Arnold had had another case of persistent hoarseness under treatment, in which he used anti-syphilitic remedies, but the patient died from intercurrent disease.

Dr. Gleitsman had treated a lady affected with very short breathing, similar to a child with croup, voice perfectly clear, no catarrh. An examination with the laryngoscope disclosed no disease of the larynx or vocal cords, but upon looking lower down he found a stenosis of the second cartilage of the trachea. He thought that syphilis rarely produced stricture of the trachea. He lost sight of the case and does not know the result of the treatment employed. He also mentioned another case, of seven years' standing, in which there was extensive ulceration and sloughing of the pharynx, produced by syphilis. Large doses of calomel relieved the patient.

Cancer.

Dr. Monmonier exhibited a scirrhus tumor removed from the breast of a lady patient of Dr. Arnold. The wound was healing nicely.

Dr. Friedenwald asked how much the patient was benefited by the operation?

Dr. Monmonier said that the benefit is that the removal of the tumor relieves the pain and gives the patient a chance. Of course it is impossible to tell whether it will return or not.

Dr. Friedenwald was of the opinion that every case operated on had been a failure; the benefit is very temporary, and in a few months the disease generally returns; he looks upon all cancerous affections as extremely unfavorable. A lady suffering with a tumor in the breast, called in Dr. N. R. Smith, who advised ablation. Some of her friends advised her to try electricity, which she did without receiving any relief. Then she was recommended to apply to a cancer doctor from the Eastern Shore, but not having sufficient money to meet his demands she was induced to enter the Hebrew Hospital. Dr. A. P. Smith removed the breast. Upon cutting down upon it a serous liquid escaped and the tumor collapsed; he carefully dissected out the cyst, closed the wound, and the patient got well, but in two months after the disease had returned, in the form of melanotic cancer, from which she died in three or four months.

Dr. Lynch remarked that all true cancers are constitutional, but scirrhus is in many instances only a local affection. In 1862 he was called to see a slave, æt. fifty, who had a large tumor in the breast, hard as a stone, producing a great deal of pain. On July 4th, 1862, it was removed, together with every gland which appeared to be involved in the disease; four ligatures were applied and the wound closed. The incisions healed by the first intention except a small portion at the inferior angle. Up to 1872 there had been no return of the disease. The tumor was so hard, that to make an examination of it a hatchet had to be used to cut it open.

Dr. Monmonier said he had operated on some five cases, in one of which the glands were very much enlarged, but in none had there been a return of the disease. English surgeons say that scirrhus is a local affection and not a constitutional disease.

Dr Morris said he had a case of cancer of the breast now under treatment, in which there is no pain in the tumor, but excruciating pain in the sciatic nerve. Drs. Johnson and Miltenberger have seen the case but can offer no relief. Large doses of morphia combined with chloral have to be given at short intervals.

Dr. Lynch asked whether the pelvis had been examined to see if there was a tumor pressing on the sciatic. He could not see the connection of the two unless there is cancerous disease of the pelvic glands.

Dr. Morris said the pelvis had been examined superficially, not *per vaginam*.

Dr. Bates referred to a case of scirrhus occurring in a relative. Dr. Valentine Mott removed the breast more than ten years ago, and up to the present time there had been no further trouble. He thought removal was justifiable in these cases, even though we believe the disease will return, because by the operation the patient is relieved, for a longer or shorter time, of the intense pain; and then there may be the possibility of permanent cure. Diseases are affected very little by what we believe, and where death is otherwise inevitable we are not justified in depriving our patients of every chance of life. It is the opinion of surgeons that if the lymphatic glands are not involved there is a reasonable ground for expecting a cure, but if they be much implicated the disease will most likely return. Within a few years there seems to have been a complete change in the treatment of the wound made by the operation. Formerly it was insisted on that union by first intention was to be desired. Now some surgeons teach that suppuration should be encouraged, in order that all particles of cancerous matter may be removed.

Dr. Monmonier said that the English surgeons are in favor of a certain amount of suppuration. Dr. Erich had treated a patient in which the disease was both local and constitutional. The woman suffered from scirrhus of the uterus. Symptoms indicative of acute gastritis supervened and the patient died. On *post-mortem* examination a large scirrhus tumor was found occupying the walls of the stomach, and four or five small deposits in the bowels.

Dr. Morris said that Dr. Lynch could not see why scirrhus of the breast should produce the severe pain in the sciatic nerve. As a case showing how irritation of an organ may produce pain in a very distant part, he would refer to the case of a prominent physician of this city. He suffered with neuralgia of the fifth pair for more than a year; used various remedies, and had his teeth removed, but obtained no relief. Thinking that probably a change of climate would benefit him, he went to Jamaica, but returned much reduced and worse than ever. He also suffered from prostatic disease, could never empty his bladder perfectly, and had frequently voided pus. By the advice of some of his professional friends he resorted to the use of the catheter and has not been troubled with the neuralgia since.

CANADIAN MEDICAL ASSOCIATION.

The session just held at Goderich, Ontario, was not very largely attended A resolution was passed, speaking in the highest terms of the American Medical Association, and also inviting that Association at an early day to meet near the border, and unite with them in a Medical Congress.

Dr. E. W. Jenks, of Detroit, made a speech in behalf of the American Association, inviting them to the next session at Louisville.

Dr. Le Baron Botsford, of St. John, was elected President.

The next meeting will be held at Halifax.

Drs. Jenks and Thompson, both of Detroit, were present as representatives of the American Medical Association.

Editorial Department.

Periscope.

On Rabies Mephitica.

A writer in the *American Journal of Science* believes that he has discovered a new disease, which is related to hydrophobia, and that odious animal, the skunk. This discovery he names "Rabies Mephitica," and thus relates what first called his attention to the novel facts presented: While on a tour in the Rocky Mountains, our camp was invaded by a nocturnal prowler, which proved to be a large coal-black skunk. Anxious to secure his fine silky fur uninjured, I attempted to kill him with small shot and failed. He made characteristic retaliation; and then rushing at me with ferocity, he seized the muzzle of my gun between his teeth! Of course the penalty was instant death. An experienced hunter then startled us by saying that the bite of this animal is invariably fatal, and that when in perfect apparent health it is always rabid. He resented our incredulity and confirmed his statement by several instances of dogs and men dying in convulsions shortly after being thus bitten. On mentioning this adventure to H R. Payne, M.D., who had been camping with miners near Canon City, Col., he said that at night skunks would come into their tent, making a peculiar crying noise, and threatening to attack them. His companions, from Texas and elsewhere, had accounts to give of fatal results following the bite of this animal. Since returning to Kansas City, I have had extensive correspondence with hunters, taxidermists, surgeons and others, by which means the particulars have been obtained of forty-one cases of *Rabies mephitica*, occurring in Virginia, Michigan, Illinois, Kansas, Missouri, Colorado and Texas. All were fatal except one; that was the case of a farmer, named Fletcher, living near Gainsville, Texas, who was twice bitten by *M. macraura*, yet recovered and is living still. On further inquiry it was found that he was aware of his danger, and used prompt preventive treatment. Another case was alleged to be an exception; that of a dog which was severely bitten in a long fight with a skunk, but whose wounds healed rapidly and without subsequent disease. It seems, however, that this dog afterward died with mysterious symptoms like those of hydrophobia in some of its less aggravated forms.

The writer proceeds to give the particulars of a large number of well-authenticated cases of this new disease, and the peculiar manner in which its victims were affected. He continues: It is evidently the opinion of Dr. Janeway that the malady produced by mephitic virus is simply hydrophobia. Should he be correct, then all that is established by these facts would be this, viz: that henceforth the varieties of *Mephitis* must be classed with those animals that spontaneously generate poison in the glands of the mouth and communicate it by salivary inoculation. From this, as a starting-point, we might go further and seek a solution of the whole mystery of hydrophobia, in the theory that this dread malady primarily originates with the allied genera of *Mephitis Putorius* and *Mustela*, widely scattered over the earth; being from them transferred to the Felidæ and Canidæ and other families of animals.

Intra-buccal Resection of the Inferior Dental Nerve.

Dr. Mosetig-Moorhof, of Vienna, in an article translated in the *London Medical Record*, says that the various methods for the division of the inferior dental nerve which have been proposed.

in cases of severe neuralgia are as follows. The vast superiority of the process invented by Paravicini will be at once perceived.

1. Division of the cheek through its entire thickness, at a spot corresponding with the anterior edge of the ramus of the jaw, without dividing the mucous membrane.

2. Division of the cheek at a spot corresponding with the sigmoid notch, in a direction outward.

3. Division of the soft parts over the posterior border of the ramus of the jaw, in a direction from behind and below, inward and upward.

4. Removal of a portion of the angle of the jaw.

5. Trephining the ramus above the commencement of the canal after division of the soft parts.

The method adopted in the case reported by Dr. Mosetig-Moorhof was as follows. The mouth being widely opened, the mucous membrane is divided along the anterior border of the ramus of the jaw, and the finger is directed between the bone and the internal pterygoid muscle to the lingula. The separation of the inferior maxillary from the gustatory nerve is not difficult, since the former passes into the canal and the latter does not. The operation, however, is so far difficult, since the eye cannot be of any assistance, and the operator must trust to his power of touch, and has to work in a very constricted and narrow space; but the result is great relief to the patient, and no disfigurement at all, as there is after the beforementioned methods.

Dr. Mosetig-Moorhof operated on his patient on July 31st, and, having found the lingula, divided the internal lateral ligament of the jaw. The nerve and artery were secured by a thread, which was passed round them by means of a small aneurism-needle (it being absolutely necessary to fix them in order to cut through the nerve centrally), and so removed a piece of it. A piece of nerve about four inches long was removed. The reaction which followed a cessation of the neuralgia, and a want of feeling of the right side of the lower jaw, was trifling. Beyond a swelling of the side of the face and pharynx, with some slight difficulty of swallowing, the patient had little to complain of.

The patient was perfectly well by the end of January, and had lost all symptoms of neuralgia

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The Management of Eczema.

Dr. L. D. Bulkley recently presented a paper on this topic, an extract of which we take from the New York *Medical Journal*:—

True eczema, he said, is a catarrh of the skin, properly acute, but very commonly subacute. The skin is entirely analogous to the mucous membranes, which are but the involuted portions of the cutaneous envelope. This catarrh tends to run a certain course accompanied by certain pathological changes, namely, thickening caused by a deposit of adventitious cells in the rete mucosum, but also capable of extending into the papillary layer, and even deep into the adipose tissues. Much that is called eczema is properly nothing but dermatitis, an inflammation of the skin tending to spontaneous recovery when the cause is removed and irritating agencies are kept away. Eczema in its true sense is not a local affair, but, when intimately associated with blood-changes, represented in the main by sub oxidation or hyper-acidity, as found in the stomach secretions, those of the kidneys, etc.: and, moreover, this state is closely allied to gout and rheumatism. Debility, pure and simple, does not cause eczema; but it may by its existence prevent either the recuperative process of nature, or the beneficial action of remedies. Eczema being an acute disease, running a definite course, our treatment must consist principally in avoiding irritating elements, favoring the action of the emunctories, alkalining the system, and locally making such applications as soothe an irritated and inflamed integument. The products of eczema, the thickening and scaling, are removed by stimulating applications, and by such pure toxics as act directly on the nerves, and cause absorption through the capillaries of such remedies as iron, quinine, and arsenic. Arsenic and zinc ointment, while serviceable in many instances, are so far from being specifics for eczema, that their use is injurious in many cases, while in almost every case other remedies either suffice alone, or greatly assist their action.

On Urethral Stricture.

The London *Medical Times and Gazette* notes several cases of stricture at Guy's Hospital, under the care of Mr. Forster. All were treated in the following manner:—On admission, a week or ten days' rest is enjoined, warm baths given, and alkalies and opium are administered. Then the process of continuous dilatation by the ordinary gum-elastic catheter is employed, and the patient is retained in hospital a few days longer than the time at which full dilatation has been reached. Mr. Forster very rarely uses silver instruments, and he sees no particular advantage gained by the use of dilators or bougies, such as the *bougie à boule* or the *bougie olivaire*. Nor has he had one case in which any necessity existed for perineal section; and this, he thinks, is because of the very patient trial which has been made of catheterism. The fourth column of Mr. Forster's table shows that gonorrhœa had occurred in almost all the patients, but at such a remote period from the first appearance of a stricture that it cannot be supposed that the two were in the relation of cause and effect. Gonorrhœa does not produce stricture *per se*. Still, so prevalent is the idea that in some way stricture and gonorrhœa are connected, that it will take, Mr. Forster thinks, a generation to combat the notion. An examination of these cases shows, too, that the use of injections cannot have much to do with the result. It is unlikely that the slight irritation set up by a gleet should end in a stricture years afterward. It is

more likely that the intermittent stretchings and relaxation that the penis, and with it the urethra, undergoes, might produce it. And Mr. Forster adopts the conclusion that, if there be no hereditary predisposition to the disease, some slight inflammatory thickening may have taken place at the weakest spot in the healthy urethra, as the result of unequal distention of the parts.

Reviews and Book Notices.

BOOK NOTICES.

The Physiology of Man; Designed to Represent the existing state of Physiological Science, as applied to the functions of the human body. By Austin Flint, Jr., M.D., Professor of Physiology, etc., in Bellevue Hospital Medical College, etc. Vol. v. Special Senses; Generation. D. Appleton & Co., N. Y., 1874. pp. 517.

This completes the great work of Prof. Flint. The task has occupied the author for eleven years, and it must be gratifying to him to know how well the profession appreciates his work. The elaborate reviews of the previous volumes render it unnecessary for us to do more in the present instance than merely to allude to the feast spread before us, premising, however, that Dr. Flint has in every instance, when referring to the opinions of others, been content with nothing short of their own original work, from which he quotes. This will in part account for the delay in the completion of the work.

The first chapter treats of the sense of touch, muscular sense and sensibility, the tactile corpuscles, and the venereal sense.

The second chapter of the olfactory nerves, their anatomy and physiology, and their relations to the sense of smelling and tasting.

Chapters III, IV, V, and VI, the optic nerves, the anatomy of the eye, refraction, vision, the functions and mechanism of the iris, the muscles of the eyeball and eyelids, the lachrymal apparatus, etc.

Chapters VII, VIII, and IX, the auditory nerves and the sense of hearing in all its relations, including the physics of sound, the appreciation of harmony, discord, etc.

Chapter X, of gustation and the nerves of taste, the tongue and its functions, facial paralysis, etc.

In Chapter XI, of generation, with a general view of the female sexual organs, the ovaries, Fallopian tubes, uterus, and the erectile tissue concerned.

Chapter XII, of the ovum and ovulation, puberty and menstruation, changes in the pregnant uterus, the corpus luteum, etc.

Chapter XIII, the male organs of generation, the testicles and their secretion, the glands of the urethra, and the changes in these organs from infancy to old age.

Chapter XIV is on fecundation, the part of the male and female in the reproductive process, the entrance and destination of spermatozoids, the influence of the maternal mind on offspring, etc.

Chapter XV, of the segmentation of the vitellus and formation of the membranes and placenta; Chapter XVI of the development of the embryon, and the osseous, muscular, cutaneous, and nervous systems; Chapter XVII, of the development of the alimentary system, the respiratory system, and the face; Chapter XVIII, of the development of the genito-urinary organs in both sexes, and of the circulatory system; Chapter XIX, of the subject of fœtal life, of development after birth, maturity, the decay of age, death, and the resolution of the body into its original elements.

The author gives a very full index to the entire work, thus enabling the student with very little trouble to find any point to which he may desire to refer.

As an American book, we feel proud of this great work of Dr. Flint, and shall look forward to its adoption as a text book in all our schools.

The publishers, Messrs. Appleton, leave us nothing to desire in its get up. Tinted paper, clear, good type, everything calculated to give the reader a good impression on first sight.

Cocain, Veratria and Gelseminum. Toxicological Studies, by I. Ott, Easton, Pa. Philadelphia, Lindsay and Blakiston, 1874. pp. 66.

Dr. Ott has carefully tabulated a number of experiments with these alkaloids, made both upon inferior animals and man. He concludes that coca and cocain resemble in action coffee and caffein, and should be regarded as excitants. Coca increases the pulse and temperature, and dilates the pupil. Gelseminum is a respiratory poison. It dilates the pupil, and lowers the temperature.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPT. 12, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

MEDICAL LEGISLATION IN KENTUCKY.

Through the kindness of Dr. J. T. Davis, of Kentucky, we have been furnished with copies of the laws relating to sanitary, pharmacal and medical matters in that State during the recent session of the Legislature.

They appear to us prompted by an enlightened appreciation of the importance to the community of such legislation, and the acts are framed in a manner to render them practicable and efficient.

The three most prominent statutes, those to which we wish to call especial attention, are, first, regulating the sale of medicines and poisons; second, one to protect the citizens of the commonwealth from empiricism; and third, one to provide for the registration of marriages, births, and deaths.

The first provides for the appointment by the Governor of a State Board of Pharmacy, consisting of seven persons, before whom shall come every person desiring to dispense drugs as a business, to pass a satisfactory examination.

The third statute referred to provides that physicians, surgeons and midwives shall keep a registry of all births and deaths, with the usual statistics connected therewith, and shall report the same to the county clerk on or before the 10th day of January, of the year following such event. Assessors and clergymen are also directed to keep and return the statistics of marriages, etc., coming within their professional action.

Perhaps the most interesting of the three statutes is that which is intended to protect the citizens against empiricism, that curse of the South and West. As not a few attempts in this direction have signally failed, we shall quote *in extenso* the Kentucky act, as it seems to have avoided several of the rocks on which similar enactments in other States have been wrecked. It reads as follows:—

"SECTION 1. Be it enacted by the General Assembly of the Commonwealth of Kentucky, That it shall be unlawful for any person, for reward or compensation, within the limits of

this State, to practice medicine in any of its departments, or prescribe, or attempt to prescribe, medicine for any sick person, or perform, or attempt to perform any surgical operation upon any person within said limits, who has not graduated at some chartered school of medicine in this or some foreign country, or who cannot produce a certificate of qualification from some one of the boards of examiners provided for in this act, and is not a person of good moral character.

"Sec. 2. Any person who has been regularly and honorably engaged in the practice of medicine, or any of its departments, for *ten* years, shall be deemed to have complied with the provisions of this act. Any person having been so engaged for five years, shall be allowed one year in which to comply with said provisions.

"Sec. 3. The Governor shall, within sixty days from the passage of this act, appoint five citizens in each and every judicial district in this State—said citizens shall be practicing physicians of acknowledged learning and ability, and regular graduates of some chartered Medical College—who shall constitute and be styled "The Board of Medical Examiners" for said district, three of whom shall constitute a quorum for the transaction of business. Their term of office shall be four years, beginning the first day of April, 1874; and it shall be the duty of the Governor each four years thereafter, and prior to the first day of April, to appoint their successors, who shall have the qualifications herein required.

"Sec. 4. It shall be the duty of each of said boards to meet and hold annual sessions in their respective districts, at some central convenient place, easy of access, to be by them selected, commencing on the first Monday in June of each year, for the purpose of examining all applicants who desire to practice medicine in any of its departments. The examination shall be conducted in such manner and to such extent as the examiners may deem most conducive to the interests and wants of the people, and the advancement of learning in the medical profession, and to embrace the following branches of medical science, viz., Chemistry, Anatomy, Physiology, Obstetrics, Surgery, and so much of Practical Medicine as relates to the nomenclature, history, and symptoms of disease. The several boards may hold extra sessions (if they deem it necessary) at any time and place in their respective districts they may think proper.

"Sec. 5. The examiners shall require all applicants to produce satisfactory evidence of good moral character, and to pay an examination fee of not more than twenty dollars. The sessions of the several boards shall continue long enough to give all who desire it an opportunity to undergo a fair and impartial examination.

"Sec. 6. The examiner shall grant all applicants who shall be found, upon examination, to possess a fair practical knowledge of the branches named in section four of this act, a certificate of qualification, signed by at least three members of said board, which shall entitle the holder thereof, for the time specified, to practice any or all of the branches named in said certificate anywhere in said district or adjoining district.

"Sec. 7. The members of the several boards shall receive, as a compensation for their services, all of the fees paid by applicants for examination before said board. Certificates shall designate the time and the branches the holder thereof shall be entitled to practice, and shall not be granted for a longer period than five years nor a less period than one year.

"Sec. 8. Any person living in this State, or any person coming into this State, who shall practice medicine, or attempt to practice medicine, in any of its departments, or who shall perform, or attempt to perform, any surgical operation for or upon any person within the limits of this State for reward or compensation, in violation of the provisions of this act, shall, upon conviction thereof, be fined fifty dollars, and upon each and every subsequent conviction be fined one hundred dollars, and imprisoned thirty days, or either or both, in the discretion of the jury; and in no case where the provision of this act has been violated shall the person so violating be entitled to receive compensation for services rendered.

"Sec. 9. *Provided*, That nothing herein shall be so construed as to apply to persons practicing dentistry."

In conclusion, we hope that the practitioners of Kentucky will do their best to prevent these acts becoming dead letters, by aiding to carry them out, and presenting amendments to them on such points as time shall show they require.

—It is related of Sir James Simpson, the celebrated English physician, that the Duchess of Buccleugh drove up to his door and sent her footman to tell him that she waited without. "Tell the Duchess," he replied, "that Dr. Simpson is engaged with a washerwoman."

Correspondence.

Labor—Shoulder Presentation—Spontaneous Evolution.

Ed. Med. and Surg. Reporter:—

Mrs. W., the mother of thirteen children, six of which are living, has uniformly enjoyed good health.

Her first twelve labors were entirely normal and successful without the aid of an accoucheur. In her thirteenth, I was called and found the labor complicated by a prolapse of an arm, but forcible pains supervening, the labor culminated before any difficulty ensued. I was called to see the patient again, February 19th, 1874, 10 o'clock P. M., in her fourteenth confinement. Amniotic liquid had been discharged while patient was in act of defecation, and simultaneously a prolapse of right arm. Having felt expulsive pains prior to descent of arm, they now ceased entirely, and but for the presence of the hand at the vulva, no evidence of labor was present. On introducing my hand I found the presentation right cephalo-iliac, or second presentation of right shoulder, according to Cazeaux, but could introduce nothing more than my fingers, so tightly were the circular fibres contracted about the axilla. Appreciating at once the position, I saw nothing to facilitate the labor save podalic version, but having to forego that operation from the tonic contraction of the circular fibres of the cervix, I at once instituted means to overcome the spasm by nauseating doses of ant. et. pot. tart., and a local application of ext. belladonna to the os uteri. An assiduous application of these remedies proving futile, I saw no escape from the profuse bleedings so forcibly recommended and illustrated by Dewees, but was deterred, through inexperience and a doubt of its salutary effects. At this stage of the case, feeling sure of my position but unable to realize anything, I concluded on a consultation, and immediately dispatched a messenger for Dr. Collins, of Smyrna. Before the arrival of the Doctor, which was not unnecessarily delayed, a disposition to relaxation was manifest, and by the time of his arrival the hand could be partially introduced, though not to a sufficient extent to enable me to seize the feet.

By the continued and alternate efforts of the Doctor and myself for at least an hour, we were not able to reach the feet, so forcibly was the uterus contracted on its contents. Recognizing, by the absence of the pulsations of the fœtal heart and other signs as unquivocal, that life in the child was extinct, we amputated the protruding arm at the shoulder—Dewees to the contrary notwithstanding—thus getting rid of a member useless to the child and quite an obstacle to our manipulation. Having by our continued efforts nearly exhausted ourselves and patient, and demonstrated our inability of effecting version, we concluded to give an hour's respite to our patient, with no prospect before us but embryotomy. I should have mentioned that from the moment of the rupture of the amniotic sac to the period of our desisting from efforts at extraction, not a single pain was felt, the womb appearing perfectly quiescent. Dr. Dewees says in his treatise, "When the arm presents in a labor at the full period of gestation, we should entertain no hope or expectation that nature will relieve herself while the child continues in this position, unless the rare occurrence of 'spontaneous evolution' by a forced construction be considered as an exception, consequently this case must be always regarded as preternatural; and thus bringing the child by the feet is the only operation that can be performed with a view to the safety of both mother and child."

Seeing version in this case impracticable, from our inability to reach the feet, and having determined the death of the child, our only consideration was to relieve the uterus of its contents by the most feasible method compatible with the safety of the mother. Deeming it prudent to let our patient recuperate her strength for an hour before making a final effort at extraction, we retired to an adjoining apartment for consultation and reflection. Before the lapse of an hour, I was called by the nurse to the bedside, to find bearing down pains of a most expulsive character present, and on introducing my hand found that spontaneous evolution had taken place with the breech quite resting on the perineum, the expulsion of which was effected by a few forcible contractions. Cazeaux says, "In trunk presentations a spontaneous expulsion of the child is wholly an exception to the general rule, and one upon which no reliance can be placed unless in a case of abortion; and that the resources of our art are demanded in every case, just as soon as the necessary conditions exist for such intervention."

Having imbibed the theories promulgated by authors, not to trust our patients to the rare contingency of "spontaneous evolution," our regard for our patient induced us to desist for a while, when the very process which some have denounced as impossible, and others as highly improbable, was the means of relieving us of a most painful position. As to the causes of this presentation, it must remain a matter of conjecture, M. Danyau ascribing it to an increase of the transverse diameters of the uterus induced by numerous antecedent labors, etc., while others hold different opinions. In this particular case I conceive the trouble to have been exaggerated by the position of the lady at the time of the escape of the waters: the arm having departed from the chest with the gush of the amniotic fluid, it was precipitated to the axilla, and coming in contact with a sensitive os, caused a contraction of the circular fibres of the neck, which prevented my first attempts at version. To my mind, in accounting for the means that so happily consummated this case, none are more plausible than a lateral or partial contraction of the uterus, which being in operation while a portion of the uterus remained

tranquil, would readily solve the problem of the breech descending from its lofty altitude, to subvert the position of the shoulder, the delivery of which by the unaided power of the uterus was wholly unavailable. Mrs. W. made a good recovery, notwithstanding the test to which her endurance was cited, being able to assume control of her domestic affairs in less than a month.

JNO. H. PARVIS, M. D.

Black Bird, Delaware.

Placenta Prævia in a Case of Twins.

ED. MED. AND SURG. REPORTER:—

The following interesting and (to the writer) unique case I send a report of to you, believing it will interest some of the many readers of the MEDICAL AND SURGICAL REPORTER. I was called Feb. 20th, 1874, to see Mrs. B., aged twenty-eight years, mother of six children (three living), and who had a miscarriage of twins April 19th, 1873.

I found upon my arrival that she had an attack of uterine hemorrhage, and that she was advanced to the sixth month of pregnancy. The hemorrhage gradually ceased upon the administration of remedies, and I heard a few days after that the patient was doing well. In addition to treatment proper I enjoined absolute rest and quietude. Under this treatment patient did well until Feb. 28th, on which date I was again summoned to see her, as hemorrhage had again returned, which, however, soon ceased. I made a vaginal examination at 2 P.M., and found a *dilatable* but not dilated os uteri, and a soft spongy mass occupying its centre and circumference. No uterine pains; all the symptoms pointed to unavoidable hemorrhage occasioned by the location of the placenta as above mentioned. Agreeably to the method recommended by Barnes, I detached a part of the placenta, and prepared a prescription containing astringents and fl. ext. ergota, to be given pro re nata, and upon my departure (as I had to see another patient that evening) I left orders if symptoms became worse to inform me immediately. I had scarcely arrived at the house of the patient whom I was to visit, when a messenger came in great haste to me and stated that Mrs. B. was dying, and they wished me to come as soon as possible. I found the patient at this visit in a truly critical condition, pulse very frequent and feeble, surface cool and blanched. She had had a recurrence of the flooding in fearful quantity. I at once lowered her head by removing pillows, and raised foot of bed (so as to have the advantage of inclined plane), and exhibited ergot in full doses every hour, and applied cold cloths to abdomen. At 5½ P.M. no pains; gave five grs. quinia sulph., and pulv. capsicum grs. one, and ordered the quinia to be repeated every half hour. The hemorrhage was again controlled, but anticipating a return of flooding I came home and provided myself with the necessary means to tampon the vagina (if there should be a return of the symptoms of hemorrhage) and then returned to my patient. In accordance with the husband's request, Dr. Dilly, of this town, accompanied me. A short time previous to our arrival, child number one was delivered (after one or two pains, which were described as very expulsive), and was found, on inspection, contained in the amniotic sac, which was unruptured. The contractions of the uterus continued, and were decidedly expulsive, and upon vaginal examination, I discovered a second fœtus in utero. The breech descended and the second child was born in less than one hour after the first was delivered. After expulsion of the first child no hemorrhage, and after birth of the second the uterus contracted into a firm globe in hypogastric region. We then concluded the patient in a great degree safe, and she was left quite comfortable considering the hazardous condition she had been in. (She is now in her usual health). Neither of the children were viable.

In conclusion, I will state that in addition to the means usually employed, viz. ergot, version, forceps, etc., for hastening delivery of the child, I shall hereafter, in cases similar to this one, employ quinia sulph, as combined above.

C. E. QUIN, M.D.

Lynnville, Jasper Co., Iowa, August 6th, 1874.

Podophyllin in Gastro-Intestinal Disease.

ED. MED. AND SURG. REPORTER:—

There is a form of gastro-intestinal disease very common among children in this country, and it often proves to be very obstinate. It nearly always commences with constipation. The abdomen becomes prominent, and there is often fever. The child is very restless, and sometimes has convulsions. After taking a laxative a diarrhœa sets in; the stools are greenish, watery, and sometimes copious; the tongue is coated with a thin white fur, and the papillæ are elongated. Very frequently there is nausea and vomiting. A variety of remedies have been used with very uncertain effect: calomel, opium, pepsin, bismuth alone, burnt brandy, decoction of white oak bark baths, salt and vinegar (often good), lime water, etc. After plying these and other ordinary remedies for weeks, and even months, if death did not intervene, the family would become discouraged and change physicians, or quit the doctors altogether.

I am confident that at least 50 per cent. of the cases that occurred here last summer were unmanageable by the ordinary means of treatment. Having read somewhere that podophyllin and bismuth combined were valuable agents in dyspepsia, I concluded to try them in some of these cases, and accordingly prescribed as follows:—

℞. Bismuthi sub. nit., ʒij.
Podophyllin, gr.ss to gr.j. M.

Triturate thoroughly in a mortar, and divide into 40 powders.

Give one every three or four hours.

It acts like magic, effecting a favorable change

in a very short time. I will not say that it will cure all cases, for my experience with it is too limited to warrant such an assertion, but I can say that it has cured every case of the kind mentioned that has been placed under my care, except one puny, syphilitic child, since last October, about thirty in all.

I think the remedy deserves further trial in obstinate diarrhœas, and would be glad if other physicians would try it, and report.

Respectfully, WM. TANNER.

Bolivar, Mo., Aug. 5, 1874.

A Human Ostrich.

ED. MED. AND SURG. REPORTER:—

There was in my office this morning a case which may be of some interest to the profession.

Mr. W., from Ireland, a healthy, stout looking man; weight, 147 pounds; age, twenty-four years; height, 5 feet, 7 inches; occupation for a long time, seaman, but now professes to be an engineer; came to this country two years and six months ago; was educated, he says, in France and England; has rather a pleasant face, and seems disposed to make himself agreeable. By request he came in to exhibit to me that he could eat glass with impunity. He expressed a preference for watch crystals, as they were more easily chewed, but as there were none convenient, he would take the common window-pane glass. I went out and secured a piece, about one-third of a broken pane, and brought in several friends to witness the sight. He took the glass and deliberately bit out a piece about the size of a silver half dollar, and chewed it up with as much gusto as if it had been a piece of bread, swallowed it, taking afterwards a swallow of water and bread, he said, to get the particles out of his teeth. He would have eaten the whole piece if I had requested, as he has frequently eaten tumblers for a drink of whiskey. He said he would eat any kind of glass except the colored bottle glass, which had poison in it. He was first induced to try the experiment, about three years ago, at Cape Good Hope, by a surgeon in the British Navy, who bet he could eat all the glasses (18 in number) at a dinner party, which he did, and he saw no reason why he could not do as much, so he tried it by eating only three. Since that time he has eaten glass for the amusement of others, over a thousand times, with no disagreeable affect. The only difference he sees is it gives him an appetite.

Is there any solution to this problem, why it does not kill the man or produce some serious disorder of the system, when we have been taught the dangerous consequences of swallowing glass? He does not seem to chew it up very finely, and says he only wants two bites on a watch crystal before swallowing it. It is certainly a mystery to me, and I would like to hear from some of your readers on the subject.

Respectfully, B. P. REESE.

Staunton, August 4th, 1874.

A Remedy for Toothache.

ED. MED. AND SURG. REPORTER:—

The following recipe I have prescribed for toothache, and have never found it fail. Should you deem it worthy reproduction in the REPORTER, please insert it.

R.	Chloral hydrat.,	℈j,
	Aqua pura,	fl.℥ss,
	Misce, et adde,	
	Tinct. aconit., rad *Flem.*	♏xv,
	Chloroform, pura,	
	Ether sulph,	āā ♏xx,
	Sp. vini rect,	fl.℥ss. M.

Ft. mistura.

Sigma. Rub the gums with a little of the mixture; put a few drops upon cotton, and insert in any cavity of the tooth. Also take the following dose, on sugar: for an adult, fifteen to thirty drops; for a child, two to ten drops, according to age. The above doses can be repeated quite frequently, if necessary.

The remedy suggested by my late college friend, Dr. James Sawyer, may also prove very beneficial, if the dose is lessened, and repeated at shorter intervals of time. Anything to relieve the pain of toothache is very frequently tried; for you are aware that there never was yet the philosopher that could endure the toothache patiently, however, at his ease, he talked like the gods.

Faithfully yours,

CHARLES CARTER CRANMER, M. D.

Saratoga, N. Y., August 11, 1874.

Daily Bath Injurious to Infants.

ED. MED. AND SURG. REPORTER:—

I was called to see a child one year old. The mother said it had "gone into a decline for a couple of months past, and was growing rapidly worse." The child had walked for the space of a month or more, but now its limp and shrunken legs could not support its wasting form. Taking hold of the little mass I found it had gone into a decline sure enough. Its fleshless bones were loosely hung about by a flabby integument with not a particle of snap in it. Stand it on its feet it would double up like an empty sack. It was with difficulty it could hold its head erect. Modestly speaking it did not seem more than half the size it was at the age of six months

It ate very little. It did not cry. It did not laugh. In fact, it did very little of anything except look very old, sad and disconsolate.

I examined cursorily the three great cavities, but found no evidence of disease in either. The expression was decidedly peculiar. Pulse a little slower and softer than normal.

Prescribed spiritus frumenti in ten drop doses. After several days was called again. No perceptible improvement. The same indifferent expression and the same limp feel as before. I now examined the mother most narrowly, and found she had been plunging the little fellow into cold water every morning, in

order to keep the child clean and healthy. I at once suspected that there might be such a thing as keeping a child too clean to be very healthy.

I therefore advised the mother to discontinue the daily bath at once, using only a damp cloth or towel twice a week, following this with a sponge bath, and rubbing briskly with a dry warm towel till the skin was gently red; put on its flannels, changing them but once or at most twice a week. Above all keep the child warm, which is much preferable to keeping it too clean.

This advice was followed to the letter. In a few weeks there was no further decline perceptible. A few weeks more the child began to crave more food. A month more and it began to smile, and laugh, and crow, and grow.

It is now thriving nicely, walking and talking just as other children do when they have not been subjected to the daily bath.

Case No. 2 has a very similar history with an exactly similar result. The mothers are both young, and very tidy in both dress and person.

If any other reason can be given for the decline of the two cases above mentioned, I would be glad to hear what it is.

A. D. BINKERD, M. D.

NEWS AND MISCELLANY.

Correction.

In Dr. Read's report of cases of fistula, in the third line of the second column, first page, pot. carb. should be pot. fus. WM. READ, M. D.

Jefferson Medical College.

The Anatomical Rooms will open Sept. 7th, 1874, under the direction of Thos. H. Andrews, M.D., the Demonstrator, who may be seen at 329 South Eighteenth street, or at the College.

Personal.

—Drs. R. J. Levis, of Philadelphia, J. Marion Sims and E. Seguin, of New York, Francis Smith, of Boston, are registered as being present at the late session of the British Medical Association.

—We notice that Dr. P. D. Keyser, attending surgeon to the Wills' Eye Hospital, in this city, has returned from his summer vacation and resumed his clinical studies. Professor J. Aitkin Meigs has also put in an appearance. Both seem much improved by their summer rambles.

—George M. Hall, M.D., died at Swanton Vt., after a long and lingering illness, on Monday morning, at the age of about fifty years.

—Dr. A. L. Morgan, of Felchville, Vt., died Tuesday morning, August 25th.

—Dr. J. Q. A. Hudson calls attention to the want of uniformity of the action of the physostigma upon the pupil. The local application to the eye *invariably* causes contraction, but its internal or hypodermic use does not *always* produce this phenomena.

QUERIES AND REPLIES.

We print this query, and ask our readers to reply.

FAIRFIELD, HYDE COUNTY, N. C.

August 12th, 1874.

ED. MED. AND SURG. REPORTER:—

Please inform me, through the medium of the REPORTER, of a good treatment for "morfew." I have two cases, young ladies, one of whom has had ulceration of cervix uteri (but is now well) and the other I am now treating for chronic splenitis. Have given her recently strychnia, iron and quinia, and now have her upon soda hypophos. and quinia. The former was well dosed with tonics (general health now excellent), and I used every local application I could hear of, but as yet with no effect. Have used no local application in the latter as yet.

Any information you can give me upon the subject will be highly appreciated by

Yours very truly,
C. W. THOMAS.

J. M. Spear.—The latest are a paper before the Medical Society of Pennsylvania, by Dr. J. M. Jenkin, of Easton, and one before the American Medical Association, by Dr. Theophilus Parvin, of Indianapolis, Ind. The first was printed in abstract in May 30th number. Both will appear in the forthcoming "Transactions" of those bodies.

B. G. Wilder.—We did not receive your papers read before the American Association for Advancement of Science.

The paper on "Resuscitation of the Drowned" was published in the Boston *Medical and Surgical Journal*, some time in July; an abstract in August 22d number of REPORTER.

O. T. Pratt.—We send the Code of Ethics. At present this is the only work on professional etiquette not out of print. The best on children is West.

OBITUARY.

DR. JOHN H. SLACK.

The death has been announced of John Hamilton Slack, M. D., late of this city, at his residence, at Troutdale, near Bloomsburg, N. J. Dr. Slack was very well known in Philadelphia as an amateur artist, musician, and printer. A gentleman of liberal means, he kept in his house, on Twelfth street, below Walnut, a small but complete printing office, where, with his own hands, he produced, on tinted papers, and in sumptuous style, many choice little volumes, in prose and poetry, which now are owned only among his personal friends. As a musician, he stood among the best in the city, and an arrangement of the air of "Home, Sweet Home," with variations, composed by him, met with an almost unprecedented sale. He was a painter of some ability, and his delight was to visit the studios of Philadelphia artists, and mingle in their society. He afterward located at Seventeenth and Spruce streets, whence a few years ago he removed to New Jersey, where he became interested in the artificial propagation of fish. He named his place "Troutdale," and built extensive hatching houses, ponds, etc., for breeding brook trout. Soon after he was appointed one of the Fish Commissioners for the State of New Jersey, and to his individual exertions and liberal expenditure of his private means are due much of the success in propagating the black bass, and enforcing the laws for the protection of game and food fish in the Delaware river.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

NOTES ON OPHTHALMIC SURGERY.

BY O. W. SADLER, M. D.,
Of Pittsburgh, Pa.

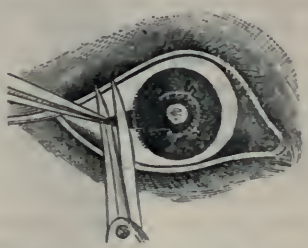
Iridectomy, or Operation for "Artificial Pupil"

This is undoubtedly one of the most wonderful discoveries ever made in ophthalmic surgery. For the restoration of sight to those who are doomed, without it, to unending blindness from central cataract, often from their birth, and from central opacity of the cornea, to which every person is liable who has inflammation of the eyes, it is a boon indeed. Ulcers of the cornea often occur unavoidably, and leave their indelible mark, most frequently over or near its centre.

Iridectomy or "artificial pupil," is, then, the only means of restoring the sight; and still better, in it there is almost *no* danger when performed by a skillful operator. It is also the only means that gives any hope of success in the treatment of glaucoma, that most dangerous inflammation of the eye whose progress is marked by the periodic and progressive symptoms as follows, given by Wells :—

1st. Increased tension of the eye-ball; 2d. Rapid increase of any pre-existing presbyopia. 3d. Venous hyperæmia; 4th. Cloudiness of the aqueous and vitreous humors; 5th Dilatation and sluggishness of the pupil; 6th. Periodic dimness of sight; 7th. The appearance of a halo or rainbow round a candle; 8th. Ciliary neuralgia; 9th. The field of vision is occasionally contracted.

Von Graefe first tried iridectomy for glaucoma, in 1856, and soon found "that it not only diminished the intra-ocular tension, but that it might indeed be regarded as a true curative treatment of the glaucomatous process." Wells says, "My own wide experience of the beneficial effects of iridectomy in glaucoma enables me, not only to recommend the operation most strongly, but even to urge upon the profession to trust to no other remedies."



The accompanying cut, after Wells, modified by myself to represent the central cataract or opacity, illustrates the operation. The dotted line to the left of the cornea shows the size and position of the incision usually made by the triangular iridectomy knife. The forceps have been introduced through the wound, and a portion of the iris pulled out, and is being cut off. The amount removed varies with the object to be attained. If for glaucoma, a very large piece should be removed, and as close to the periphery as possible. If for central cataract or opacity, as small and narrow as possible, and leave a clear opening, thus lessening diffusion, and obtaining a sharper image on the retina. In reference to the location, other indications being equal, the nasal side should be chosen.

When done the "artificial pupil" occupies the space between the opacity and the incision.

The following cases attest the success of the operation:—

CASE 1.—CENTRAL CONGENITAL CATARACT.

G. L. Loucks, nine years of age, son of Mrs. A. H. Loucks, of Titusville, Pa., and Jamestown, N. Y., lately moved to California, had complete cataract in the left eye, and central in the right, first noticed when six months of age. He could see a little at 45° to 60° to the side, or by looking through a small opening between his fingers, his hand being close over his eye, he could pick out a few letters, but it soon tired the eye so he could not continue it but a few moments, and so could not go to school. Various glasses, colored, etc., had been advised by physicians; these he would push up and the hand be brought into use; then *habit* was assumed as the cause of his always using his hands, and it was proposed to tie them down, none seeming to understand that his hand was his *stenopiac apparatus*, diminishing the light and allowing a dilatation of the pupil sufficient to give a margin at the sides of the central opacity. Most, if not all of the physicians who had examined him thought there was but a small chance in a hundred to improve his sight. In this state of things I was consulted, explained the case, advised and performed iridectomy, with the kind assistance of Drs. Hunter, Dunigan and Frank, a few of his immediate friends being present. In three weeks it was entirely well, and he could see to read and do anything that eyes are required to do. His mother remarked to me: "Doctor, after having so long been hopeless of his ever seeing, it seems a miracle performed for him. Now he can get an education and be of some use in the world. I can never repay you for this great blessing to him and me." Will not such gratitude repay us all for more thorough study and observation of such cases.

CASE 2.—DENSE OPACITY OF THE CORNEA.

Mr. Fred. Bodriner, of Titusville, Pa., about sixty years of age, lost one eye by ulceration and perforation of the cornea and atrophy of the globe. The other (left one) had been so badly scarred from ulceration that he had not seen to walk about for ten years. There was less than one-eighth of an inch of clear cornea left next to the nose. Behind this I made an "artificial pupil," since which he has been able to see to go about and chop his wood. In this case I gave no anæsthetic, nor had I an assistant. He said the pain of operation was slight. In neither case was there any subsequent pain worthy of mention. The after-treatment was instillation of four grains solution sulphate of atropia, four to six times a day, cool, wet compresses, frequently changed, for one week, followed by a thin, dry compress and the atropia drops, three times a day, another week, when they were allowed a moderate use of the eye, and kept uncovered until they were strong. In operating, great care should be taken not to touch the lens or its capsule, or leave any of the stump of the iris in the wound. An accident of the first kind would cause traumatic cataract, the latter might produce iritis, or infiltration and opacity of the cornea from non-union by first intention, and hopelessly destroy what we had attempted to gain.

If every family physician would devote a little more study to these conditions, and fully consider what a great blessing he could bestow on those who come under his observation afflicted with central cataract, central opacity of the cornea with a clear margin, occlusion of the pupil, and glaucoma, he would certainly advise it at once, and if not prepared to do it himself, take or send them to a specialist of acknowledged skill.

SCARLATINA—DIPHTHERIA—CROUP.

BY JOSEPH MULREANY, M. D.,
Of New York.

Notwithstanding the gratifying report of the health of the city of New York for the past few weeks, as compared with the same period in former years, still we have two fevers exhibiting a mortality of momentous import. I do think that every contribution, no matter from whatever source, which throws light on the treatment of these two diseases, scarlatina and diphtheria, ought to be received with thankfulness.

I shall make no remarks on what has already been done in this matter. I shall merely and concisely state my views and practice, touching incidentally on croup. I shall confine my observations to one leading principle in each affection, and, by fixing the attention of the physician on that feature throughout the course of the disease, aid him in its treatment.

I take up *scarlatina*, a contagious fever, char-

acterized by quick pulse, elevated temperature, ulcers of the tonsils, cutaneous eruption, and congested kidneys. The ulceration is confined to the tonsils, uvula, soft palate, and pharynx, the larynx escaping. Patients never die of asphyxia in scarlet fever.

Treatment.—From the very outset, the patient is to be kept quiet: that is, no officious nursing; milk diet; weak lemonade and gum water for drink; no alcoholic stimulants whatever throughout the treatment. The only medicine I prescribe is the acetate of ammonia in camphor water, with a few drops of paregoric in each dose, if there is present unusual restlessness and want of sleep. I have the skin sponged with warm water, a jar of hot water to the loins, and, if there is excessive mischief in the throat, I touch the ulceration with a solution of one grain of corrosive sublimate in an ounce of the muriated tincture of iron, say three times in the twenty-four hours. I consent to the patient's friends using a borax and honey gargle in addition, on condition that they do not worry too much. My great desire is to obtain rest for the sufferer; to sleep through the disease, you know; neither too much doctor or nurse. A poultice of flaxseed meal around the throat; and if the friends, again, wish to embellish it with a slice of fat pork, I receive the suggestion with much interest and apparent delight.

After many misadventures and shipwrecks, I have found the foregoing treatment to be the safest boat to sail in; and, if I were not afraid of being classed in the same category with the learned, I should set about giving a natural explanation (*rationalè*) of my treatment.

But, to proceed. I carefully test the urine (by heat), where I can obtain it, and if I find it free from albumen, and the patient weak, I may add a little aromatic spirits of ammonia to the acetate, and give a small quantity of Dover's powder, at night, to the older patients. I labor to keep the system quiet, and never, by any chance, during the active periods of the disease, administer a purgative. When death is threatened from the first shock of the zoonic-poison, I order a hot bath, a mustard-puke, the ammonia combination, and heap warm flannels on the head. Where vomiting and diarrhœa usher in the disease, I first search for pneumonia, those being its initiatory symptoms in fevers. If I am assured of its absence, I give a minute dose of calomel in combination with compound chalk and opium powder, and add a few drops of the tincture of chamomile to the ammonia mixture. For the anasarca following scarlatina, I still give the acetate of ammonia, but I combine with it very small quantities of tartar emetic; hot baths daily; mustard poultices to the loins, together with bottles or jars of hot water to the same region. If convulsions set in, I administer a dose or two of jalap powder, and persist in the acetate of ammonia and the antimony, giving hot drinks of bland material, so as to keep up a constant perspiration. I have but little faith in either chloroform or veratrum viride.

Diphtheria, a contagious fever, characterized by slow pulse, naked tongue, inappreciable increase of temperature, tumefaction of the tonsils, fauces, palate, and larynx. The mucous membrane, from the very beginning paralyzed, is congested from stasis of the blood, and this stagnation eventuates in slough (the leathery membrane or exudation of authors). This paralysis of the branches of the sympathetic extends into the larynx and trachea in fatal cases, causing the croupy symptoms, and death by asphyxia. During an attack of diphtheria, erysipelas, in many cases, seizes on the face, or other external part, and abscesses, pointing externally near to the angle of the lower jaw bone, are very common. Thus far I have not detected albumen in the urine, nor have I seen anasarca as a sequel of uncomplicated diphtheria. The paralysis of the lower extremities, for the greater part, which succeeds diphtheria, is peculiar, inasmuch as it is functional, merely involving the sympathetic; therefore its complete amenability to treatment.

Treatment.—Alcoholic stimulants, in the largest quantities, from the very outset; the most nutritious food, in abundance; the muriated tincture of iron every two or three hours; quinine to adults, santonin to infants; paregoric or laudanum to both. In diphtheria the bowels are to be acted upon moderately by means of rhubarb, or some other mild laxative, so as to have an evacuation in at least two days. Now that the obvious corollary of my plan of treatment in scarlatina is to exercise the utmost watchfulness not to embarrass the kidneys, in diphtheria we cannot be too circumspect not to embarrass the respiration. *Never, never* apply, or attempt to apply, either gargle, lotion, caustic, fumigation, a mop, or brush, to the throat. I persisted in such infatuation till the number I asphyxiated had gone beyond reckoning; and

perhaps I should have continued in my savage, unreflecting career, had I not been stayed by the pitiful appeal of a tiny little girl, "Oh, don't choke me, doctor!" On the instant I saw my mistake, and since then I have never interfered with the inner throat. The little girl recovered. In diphtheria, twenty seconds' strangulation is no joke, where the mucous membrane of the larynx is in a sloughy condition; and this dreadful ordeal repeated every two or three hours. Just think of it! To me, it now appears wonderful how a single case of aggravated diphtheria escaped a fatal termination, subjected to such treatment.

But I must return to the question of my present treatment of diphtheria; and, without going into the premises, I shall give my substitute for what is understood as local applications to the throat.

℞. Pulv. piper. cubebæ, ℥iv
Pulv. gum guaiaci, ℥j. M.
Ft. pulv.

Of the above powder an adult takes, mixed with sweetened water, about one-quarter of a teaspoonful every two or three hours, swallowing it slowly. He may take half, or indeed a full teaspoonful for a dose, without risk. The young, and infants, are to have a proportionate dose at the same intervals. The relief is instantaneous. I apply a poultice externally to the throat. As a precautionary measure, I test (by heat) the urine daily, and if I detect albumen I omit the alcoholic stimulants, and for the time substitute ammonia.

Muriated tincture of iron, quinine and strychnine cures, readily, the functional weakness of the spinal marrow causing the paralysis.

Croup, an idiopathic, non-contagious disease, characterized by quick pulse, hot skin, flushed face, creamy coated tongue, cough, and crowing inspiration. It is generally preceded by a catarrh, or broncho-pneumonia, and the inflammation invades the trachea from below upward, that is, coming from the lungs. Now this contrasts with the pathological progress of diphtheria, which always descends from without and above downward into the larynx. But this is not the place to discuss the morbid anatomy of these diseases. I have allotted to this paper the province of treatment. I choose to avoid discussion, and solicit a trial of my experience and method.

Death occurs from, 1, exhaustion; 2, asphyxia.

Treatment.—I give a dose of calomel at once, a hot bath instanter, and directly after leaving the bath, and comfortably rolling head and body in blankets, I give repeated doses of tartar emetic (potassio-tartras antimonii) till vomiting is produced, say once or twice. I then put the antimony aside, and administer, in proportions according to age, a combination of Epsom salts, iodide of potassium, and laudanum, keeping the patient as quiet as I would do in a case of hydrophobia. The temperature of the room should be kept close up to 70° F. I explore the mouth, and lance every portion of tender gum I can see. I have not had much experience in tracheotomy, but, from all I have witnessed and read, I should advocate its early performance.

It is remarkable that eczematous diseases, stricture of the urethra, and croup put in an appearance about the same season of the year, viz., from the middle of December to May.

"In every instance where there is true ulceration of the tonsils there is a tendency to cutaneous rash and albuminous urine." "Mercurial erethema is accompanied by ulceration of the tonsils. Yankee nasal catarrh, in the majority of cases, gives albuminous urine." The successful treatment for erysipelas I have found to be the treatment for diphtheria. Both may be simple and mild without noticeable fever; both may be inveterate, with fever, and highly contagious. Local applications hurt erysipelas, as they do diphtheria. Flour and powdered starch, to exclude the air, are the best applications to erysipelas. Unluckily we possess no means of excluding the air in diphtheria. It is only since 1853 that diphtheria has become a recognized disease in England; its analogue, St. Anthony's fire, is a very ancient blight. There are not a few physicians that hold the opinion that croup and diphtheria are modifications of the same disease, and that they are convertible terms. I do not coincide with them. I look upon croup as an eczema affecting the submucous cellular tissue, and that the inflammation is of a sthenic or vigorous type; that the albuminous casts have no pretensions to be called, as they usually are, membranous or organized; that similar casts are frequently found in a peculiar broncho-pneumonia of the larger tubes in the adult. I have had a case of a male, aged about fifty years, who, on almost every fresh attack of cold, would cough up quantities of these casts, which, when examined, were found to possess no organization,

but to be simply coagulated albumen. The patient was also a subject of cutaneous eczema.

Diphtheria is a herpetic affection (herpes zoster, cow-pox, small-pox,) affecting the true glandular structure of the skin or mucous membrane, a very paralysis, and when associated with fever highly contagious, always claiming more than one victim in a family, and not much influenced by the seasons, whereas croup takes but one victim.

It is not an unusual fact to see the father suffering from an acute attack of stricture of the urethra at the same time that one of his offspring is laboring under croup. When the throat ulceration in scarlet fever is of an erysipelatous or diphtheritic type, I am not familiar with a more fatal disease. Wine and quinine, with iron, the treatment for diphtheria, in this instance poison the brain and kidneys. The ammonia treatment of scarlatina is injurious in diphtheria, from its depressing tendency.

CONTRIBUTION TO THE MEDICAL BOTANY OF CALIFORNIA.*

BY W. P. GIBBONS, M. D.,
Of Alameda,
Chairman of the Committee on Indigenous Botany.

Grindelia—Willd.

Natural Order, *Compositæ;* Linnæan System, *Syngenesia superflua*—Heads, many-flowered; the ray flowers generally present, pistillate, the ligule elongated; disk flowers, perfect. Corolla tubular-funnel-shaped, five-toothed. Involucre subglobose or hemispherical, the scales imbricated in many rows, often with squarrose tips. Receptacle, naked, flat, foveolate. Style, with lanceolate hispid appendages, as long as the stigmatic portion. Achenium, smooth, oblong, or ovate; somewhat angled. Pappus of 2-8 smooth rigid deciduous awns, shorter than the disk corollas; biennial (?) perennial or suffruticose, often resiniferous. Mexican and North American plants: leaves entire or serrate, often punctate; the cauline ones sessile; heads corymbed at the ends of the branches or solitary; mostly rather large.

G. robusta (Nutt.)—Very glabrous; stem herbaceous; leaves oblong, very obtuse, coarsely serrate, cordate clasping. Involucre leafy at the base, the scales produced into recurved-squarrose, subulate linear appendages; pappus of two (or more?) bristles. *Nutt. Trans. Am. Ph. Soc., N. S. 7. p.* 314.

This plant is found on salt marshes along the Pacific Coast, in some localities very abundant. It is a robust species from one and one-half to three feet high; glabrous, suffruticose, with numerous stems from creeping roots, loosely corymbose-branched above; leaves one-half to two inches broad, one and one-half to five inches long, somewhat oblong-spatulate, clasping, mostly obtuse, serrate-mucronate; involucre sometimes leafy at the base; the scales produced into recurved-squarrose, subulate-linear appendages; the same as in other species; heads large, one-half to three-quarter inch diameter, disk at first filled with a white resinous spurm or varnish secreted by the involucre, which covers the rays and florets as they expand; pappus from two to four bristles.

I have given a full record of the description of this plant, as contained in Torry & Gray's N. A. Botany, p. 247, and subjoined thereto a description of that which California botanists accept as the same plant. Although allowances must be made for specific variations dependent on climate and locality; yet no person could recognize the *G. robusta*, as it grows on our salt marshes, by Nuttall's description, and, in order to avoid confusion, it is better to correct the description than to change the name of the species.

About the middle of April or the first of May (the time when the flowers begin to force open the involucre) a white resinous substance begins to exude from glands which cover the scales. This resin rarely, if ever, is found in quantity on the branchlets, although there is always sufficient secreted by the stem and leaves to impart a glutinous property, perceptible to the touch. The resinous secretion changes to a brown color later in the season, and covers the heads like a thick varnish. The proper time to gather the plant is when the seeds are perfected. The officinal portions are the heads, branchlets, and the leaves about the involucre.

MEDICAL HISTORY.

Among the old Spanish residents of California, grindelia enjoyed a high reputation as a specific in asthma and bronchial affections. It was not, however, brought prominently before the medical profession till 1866, when a notice appeared in the *Pacific Medical and Surgical Journal*, detailing the result of its trial by Dr.

*We gladly give place to this communication from our friend Dr. Gibbons, and hope he will continue his researches, and give the public the benefit of them.—ED.

W. O. Ayres, of San Francisco, on a patient who had suffered for six years so severely, from asthma, that he was not only obliged to abandon all active duties as a minister, but was so reduced in health that no prospect of recovery was apparent.

Case 1. For a long time he generally passed the night in his chair, with the torture usually incident to his disorder. At this juncture, a friend sent him a bottle of syrup of grindelia, assuring him that a number of other persons affected with asthma had been cured or relieved by its use. Dr. Ayres permitted its use as an experiment, and, the patient taking a wineglassful on going to bed, slept soundly during the night for the first time during several months. He continued the medicine regularly for four months with the same results, when a slight return of the disease occurred, incident on unusual fatigue and exposure. Thus, for an entire year, he enjoyed comparative comfort. The sequel of the case is not recorded, but I understand the disease subsequently returned, and that the medicine failed in producing its former good results.

The publication of this case excited considerable interest among California physicians, and grindelia was sought for and administered in numerous cases of asthma. I have been unable to collect any record of these cases, but the conclusion is that its use was not followed by satisfactory results, inasmuch as the remedy was discarded and forgotten in a short time.

In 1868 I commenced the labor of compiling a Medical Botany of the Pacific coast. The history of the grindelia being fresh in memory, I visited the drug stores in San Francisco, in only one of which I found it. The whole plant had been gathered in an immature condition, and it had grown upon hilly land, as was manifest from its being without radical leaves; further than this, it was not the *robusta*. The only preparation in the market was a fluid alcoholic extract, prepared from specimens such as just described. It thus became manifest, first, that the properties of the plant were not represented in this immature species; and, second, that an alcoholic preparation would be incompatible.

Case 2. About this time I met Dr. E. T. Barber, of Eureka, who reported to me a severe case of asthma, of several years' standing, which routine remedies had failed to relieve. He administered the syrup of grindelia, combined with iodide of potassium, and continued its use for several days. The paroxysms disappeared, and for eighteen months there had been no recurrence of them.

Case 3. Soon after, I was called in the night to J. B., who had suffered several years from asthma, violent and alarming paroxysms recurring about every fortnight. He was so alarmed at the unusual severity of this attack that he concluded to abandon his son-in-law as his physician. He would not permit me to leave his bedside for two hours, when the paroxysm began to abate. Next day, I prepared him a bottle of grindelia in strong infusion, of which he took four ounces a day. This was six years ago, and he has had no return of the disease.

Case 4. The next case was a lad, H. B., twelve years of age, who had been suffering from asthma for three or four days. He was subject to periodical attacks. I administered half an ounce of the strong infusion, to be repeated every two or three hours. The first dose gave him relief in a few minutes. This was three years ago. Since then he has had two other attacks, both of which were relieved as promptly as the first.

Case 5. A. T., a child ten years old, of strumous habit, was attacked severely by asthma about two years ago. She had been subject to frequent paroxysms, which her mother mistook for croup and had administered remedies therefor. I prescribed grindelia infusion once in four hours. The second dose relieved her completely. Last year she had another paroxysm, which disappeared after the second dose. During March, 1874, she had another, which was unusually distressing. Half an ounce of the infusion once in two hours relieved her completely after the third dose.

Case 6. In December, 1871, I was called to I. L., aged about thirty. For years past he had been subject, for nearly six months of the year, to violent paroxysms of asthma, which would recur every night about bedtime. He had removed from San Francisco to Alameda, in hopes that a change of climate would be beneficial, but no favorable results had thus far been realized. I found him suffering from great dyspnœa; he had frequent coughs, and was expectorating bloody mucus; this condition of his system was the sequel of a severe cold of about ten days' standing. The pneumonia yielded to treatment by sub-acetate of lead alter-

nated every two or three days with aromatic sulph. acid, but as soon as the hemorrhage ceased, his usual paroxysms of asthma returned. I gave him grindelia, without any good effects. He slowly recovered his normal condition of health and resumed business, still a victim to his distressing complaint. In December, 1872, he had another attack similar to the first, but not so threatening, from which he slowly recovered; but nothing which I prescribed relieved his asthma. In September, 1873, he again took a severe cold, which was succeeded by cough and bloody expectoration. This attack was lighter than the others, and as soon as his paroxysms of asthma returned I gave him 2 grs. of ext. grindelia combined with half a grain of ext. stramonium once in four hours. The second pill was followed by emesis, by which a considerable quantity of tough, transparent, granular mucus was thrown up, following which material relief from the asthma was experienced. The pills were continued twice a day for several days, and marked alleviation of his ordinary symptoms was experienced. On account of the unpleasant effects produced by the stramonium, he shortly afterward abandoned the use of the pills, and relapsed into his old habits. In October, '73, he was threatened with another attack of sickness, and I immediately prescribed the syr. of grindelia combined with ext. stramonium in the proportion of one grain of the first to one-fourth of a grain of stramonium. This proportion appeared to answer the indications; he was confined to the house for two or three days, and resumed his duties without any material inconvenience. Since that time he has been taking this prescription for three or four days in each month, and although catarrhal and bronchial affections have been very severe and persistent during the past winter, he has enjoyed greater immunity from severe attacks of asthma, and more robust health, than for six or eight years past. On the whole, this case, complicated as it is with disease of the lungs, so that recovery cannot be expected, is materially benefited by the use of grindelia, not so much by relieving the spasms of the bronchiæ, as by arresting fresh attacks of bronchitis before its inflammatory action extends to the small ramifications of the air tubes.

Case 7. I. McG., recently arrived in California; subject from childhood to hurried respiration after active exertion, and to copious expectoration of opaque mucus; caught fresh cold before landing from the cars; has considerable dyspnœa, with prolonged and wheezing expiration, which can be heard six feet distant; constant, short cough, with but little expectoration. I regard this as a case of chronic bronchitis, in which the diameter of the small tubes has been permanently contracted; a fresh cold supervening produced the asthmatic symptoms which were so conspicuous. In this case I prescribed the grindelia syrup in combination with about five grains of bromide of ammonium, to be taken four times a day. Three days after, the wheezing had subsided, and the prolonged expiration was heard only on close proximity; the cough had nearly left, and expectoration was copious, but easy. In three weeks after, he returned home, feeling better than he had for several months past.

Case 8. Dr. E. F. Colsey, of Columbia, Ga., has suffered for years from asthma, for the relief of which he had exhausted all known remedies. He wrote to me in November last, with a request to send him some grindelia, as a last resort, which I did. I received a reply dated January 15th, 1874. Extracts from this letter will be all sufficient: "I have had several opportunities to give the grindelia a trial, in every one of which, where there has been sufficient time, its effect has been truly wonderful." "I want you to send me a pound of the extract as prepared by yourself." "Do not neglect or delay this, as I am entirely out, and feel at a loss without it; indeed, in my own case, I am so dependent upon it that I am nervous at the thought of not having it. It is the most *prompt* and stimulating expectorant I have ever used."

This concludes my present record of eight distinct cases, with four or five subsequent attacks in two of them, in which this remedy has had a fair trial. On the other hand, Dr. Van Wyck, of Oakland, administered it to a severe case without benefit, and from several others to whom the remedy was sent no information has yet been received.

It will be perceived that there are two or more distinct forms of asthma represented in these cases. Nos. 2, 3, 4, 5, and 8 are purely spasmodic; No. 1 was probably complicated with pulmonary disease; No. 6 is hopelessly so complicated, and No. 7 is the result of chronic bronchitis. In all of them, except Dr. Barber's case and in cases 6 and 7, the grindelia was prescribed, uncombined with any

other remedy. The object of this was to obtain a proximate idea of its true therapeutic value. This accomplished, it may be frequently advantageous to obtain the action of alteratives or sedatives in combination with it. Thus, minute doses of calomel, in many cases, will add to its expectorant property; iodide of potassium will promote constitutional results; bromide of ammonium is especially useful in allaying laryngeal irritability after the lungs are relieved from mucous secretions. The good judgment of the physician will perceive the indications to be answered, other than those pertaining to the remedy itself.

But these cases do not conclude the record of trial. Reasoning from its known effects as an expectorant and anti-spasmodic, last year I used it, first in one case, subsequently in six others, of pertussis. I am not conscious that it had any effect in curtailing the duration of the disease, but its prompt action as an emetic, without producing the distressing nausea incident to most other emetics, was really remarkable. After emesis was produced, its administration in smaller doses arrested the secretion of mucus and the paroxysms of coughing were comparatively light. I was so well satisfied of its useful action in the first case that I used it in all the others as the specific treatment. Subsequently, in unnumbered cases of influenza and bronchial catarrh and bronchitis, accompanied with distressing cough, its value has been clearly demonstrated.

In all the cases here presented I gathered the herb and prepared the extract, not wishing any doubt to hang over the species of the plant used or the preparation of the remedy.

The mode of preparing the extract, or of making the infusion should here be stated. The extract is prepared by exhausting the officinal portion of the plant of its resin and other soluble ingredients by digesting in water, containing about one ounce of borate of soda to three pints of liquid, and subjecting it to pressure; repeating the operation, straining the liquid through flannel, and evaporating to the proper consistence. To make the infusion, four ounces of the heads and terminal leaves are put in two pints of water, in which has been dissolved two drachms of borate of soda.

Should any member of the profession wish to try this remedy on any cases now under treatment, Mr. Mack Webber, corner of Broadway and Eleventh streets, in Oakland, will take pleasure in furnishing them with small packages of the extract, prepared with the formula which I have adopted. All that is asked in return is to be presented with a history of the cases where trial has been made, whether with favorable results or otherwise.

Editorial Department.

~~Periscope.~~

Application of the Forceps.

Dr. E. H. M. Sell, in *The Physician and Pharmacist*, gives the following rules as obtaining at Vienna in the use of the forceps in obstetrical practice:

In the application of the forceps, the following three conditions are noticed as essentials in the operation:

1. The cervix must be fully dilated and the head through the os and at the floor of the pelvis.

2. The forceps may be applied when the head is found in the vagina, not enveloped by the os uteri, whether it is rotated or not.

In the latter condition the blades should often be opened a little, so as to allow the head to rotate, though it frequently does so with the forceps.

3. In all cases of application of the forceps, the bladder of the woman should first be emptied. Should this be rendered difficult, from the pressure of the head upon the bladder, dividing it into two sacks, we will generally succeed by pushing the head a little up from the pubes.

4. In cases of danger to the child, the forceps should be applied, provided the conditions permit.

There is always danger: (*a*) when meconeum appears; (*b*) when the mother is exhausted, or eclampsia threatens. When the cervix, however, is not dilated, we must allow the child to die, and then perform craniotomy, rather than run the risk of rupturing the uterus.

We would say dilate the cervix by artificial means rather than do either.

5. When the head remains a long time in the vagina and does not advance without any apparent cause.

In the latter part of a delivery the forceps are no traction-instrument, but simply a controller of the birth, allowing the head to come out gradually: should it advance too fast, we must lower the handles, or a rupture of the perineum will be the consequence. Should a rupture be imminent, episiotomy is performed in preference.

A rupture of the perineum is treated by the immediate application of seraphines, which are usually removed in about thirty-six hours. In case of the rupture extending through the sphincter-ani, a few simple sutures are applied.

In abnormal rotation of the head, we apply the forceps as usual, with this difference, that we do not sink the handles quite as much, and continue our first traction in a horizontal direction till the chin comes under the pubes; when we commence extraction, we raise the handles at an early period to bring the occiput over the perineum, and then by depressing them, the face is borne under the pubes.

When there is a caput succedaneum we must push the hand as well as the forceps high up, for the tumor may be large.

APPLICATION OF THE FORCEPS TO A HIGH STANDING HEAD.

In this condition the os uteri is not yet fully dilated, nor the cervix drawn back over the head of the child, which is freely movable, as it is not yet firmly fixed in the entrance of the pelvis.

In this application of the forceps, which is done only in cases of very urgent necessity, it is very easy for the head to move from side to side, causing the forceps readily to glide off, and may thus do great injury to the mother.

The woman should be thoroughly anæsthetized, and the forceps always applied laterally, guarding the blades with the hand instead of two fingers, thus avoiding doing injury to the os.

In face presentation at the upper strait, the forceps are especially dangerous, for one blade rests on the calvaria and the other on the chin and trachea. This presentation is often the forerunner of craniotomy.

In forehead presentation at the upper strait, the face usually presents to one or the other acetabulum. In this presentation the forceps are only applied to satisfy the feelings of friends who may be standing by; while we appear to make considerable traction on them, we proceed to perform craniotomy.

We would recommend a strong traction to be made, and would expect to be successful in some cases. (New & Surg. Reporter Phila)

Mammary Abscess in Infants.

The following, from the *British Medical Journal*, fully expresses our own belief, derived from careful investigations in a number of instances:—

Dr. Robert Barnes writes: The cases reported by Dr. Stephen and Dr. Platt Wilks, of mammary abscess in infants, may probably be explained by observations which I made many years ago, when house surgeon to a lying-in hospital. I then saw several cases of phlegmon and abscess of the breast in infants. I found that they were the consequence of manipulations practiced by a nurse, who labored under the delusion that the breasts of new-born babes wanted milking. This "vulgar error" is not, I believe, applied to female babes only. It is considered quite as necessary to milk the boys. This practice is done in secret. The doctor, of course, is prejudiced against it. But when inflammation or abscess arise, he may suspect the agency that has been at work. The mammary glands, which are nothing else but sebaceous glands in a peculiar state of development, may, in children as in men, yield, on squeezing, some sebaceous matter essentially resembling milk. And this is the basis of the vulgar error that the breasts in babes want milking.

Dr. Cottew (Holloway Road) is surprised to find that mammary abscess in the newly born infant is considered a thing of rare occurrence. He has seen a score of cases in which there has been great tumefaction; and in several instances suppuration has ensued. These cases are almost invariably occasioned by the rough treatment of the nurse; and he has often, like Dr. Bassett, been highly incensed with the nurse. He has happily not seen a case now for some years.

Multilocular Sero-Cystic Ovarian Tumor Successfully Treated by Means of the Electro-puncture.

Dr. Plym. S. Hayes reports the following case in the Chicago *Medical Journal*:—

Four operations were performed. At the first, two needles were introduced, and subsequently only one needle was used at each operation. The longest period that intervened between any of the operations was seventeen days, which occurred between the second and third. Nine days intervened between the first and second and between the third and fourth operations. The needles used were insulated to within half an inch of their point, save in the first instance, when one of them was uninsulated. We used the insulated needles in preference to the uninsulated, because the punctures made by the former healed more readily than those made by the latter, on account of the uninsulated needle disorganizing the tissues in its immediate proximity. In all, two needles were introduced into the left, and three into the right cyst. At no time was there any peritoneal inflammation set up.

During the operations the most pain was felt at the place where the positive electrode, surrounded by a moistened sponge, was applied; this produced a burning sensation.

The needles were made negative rather than positive. First, because the negative always remains intact, while the positive, unless of gold or platinum, is disintegrated, and therefore leaves some salt of the metal which composes

the needle in the tissues; these salts are probably the oxides and chlorides. Second, hemorrhage is more apt to follow the removal of the positive than of the negative needle. Third, abscesses sometimes follow the introduction of the positive, but never that of the negative needle; and lastly, the irritation of the hydrogen liberated from the negative needle, if not the immediate cause of the absorption, continues the action commenced by the galvanic current.

Influence of Chloroform, in Labor, upon the Fœtus.

Dr. Zweifel, of the Obstetric Clinics in Strasbourg, has recently made some investigations that would seem to imply that the anæsthetic administered to women in labor has more effect upon the fœtus in utero than is perhaps generally admitted. Dubois has made the statement that anæsthesia of the mother causes increased rapidity of the fœtal heart-beats. The writer had often observed an appearance of icterus upon newly born children after the use of chloroform, but could not with certainty attribute it to the latter. His attention was first seriously arrested by perceiving in the breath of an infant, born a few hours before, a distinct odor of chloroform. The child had been extracted while the mother was under the influence of the anæsthetic, but since the delivery had lain in a room by itself, where no chloroform had been used. Shortly after this, in order to determine positively whether the anæsthetic was conveyed to the fœtus through the maternal circulation, he instituted the following test: A fresh placenta that had just been expelled by a woman to whom chloroform had been administered for only about fifteen minutes, and more than an hour previously, was placed in a close-fitting vessel, having first been cleansed of all adhering clots. The following day when the vessel was opened a decided odor of chloroform was perceived, and further examination proved conclusively the presence of the drug. By still another test (examination of the child's urine) the writer was able to establish the fact of the influence of the anæsthetic upon the fœtus. In conclusion, the writer observes that, since the use of narcotics in general are contraindicated in infants, it is an important question for obstetricians to decide to just what degree anæsthesia may be carried in women in labor, with impunity to the fœtus.—*Berl. Klin. Wochensch*, 21, 1874.

The Connection of Cancer and Skin Disease.

Mr. George Gaskoin cites a number of cases in the London *Medical Times and Gazette*, to show the close relation between cancer and skin diseases. Thus, a boy with psoriasis has a sister with malignant disease; a man with psoriasis palmaris can give me no clue to his complaint beyond the fact that his grandfather had cancer. I have been inclined to believe that psoriasis lay closer to cancer than any other skin affection, but I am a little shaken in this opinion by what I have recently observed of acne in the children of the cancerous. Until lately I was disposed to look upon acne as a reverberation—a distant echo—of the cancer; but in many instances I find its succession close and direct. I have seen several cases of psoriasis where the tongue is affected as well as the cutaneous surface; many of these are not syphilitic. I cannot conceive that to such affections of the tongue one should deny the name of psoriasis; but no one case arises in my memory of epithelioma affecting the tongue where psoriasis was simultaneously displayed upon the skin, and the record of such a case is very desirable. It is now some years since I removed the tongue for an epithelioma supervening on a condition which I perfectly recollect, having observed every stage of its growth. The disease began in denuded patches, and there were hard portions, but not of that thickness I find recently described. These descriptions correspond very well to the horny and corn-like masses we observe in palmar psoriasis. Certainly it could never have entered into my mind to call such a condition ichthyosis. And here, as in the instance before mentioned, in spite of the advance in histology, I do not see marked out any broad and sharp line by which we can divorce cancer from its congeners, if I may so term these diseases of the skin. I will not go so far as to claim for cancer the character of a skin disease, but when we look at the variety as well as prodigality displayed in the expenditure of epithelium as seen in psoriasis, one cannot but here acknowledge so very close an affinity as to bind attention to the common character of each, both clinically and histologically. The affinity of lupus with psoriasis is well apparent in the clinical room; and this reminds me that certain forms of lupus in the extremities have been recently brought forward in Germany, which in the histological elements are scarcely, if at all, different from epithelioma.

As regards acne, I will say that in connection with it one will hear more of cancer than with any other disease that affects the skin; and the inquiry does not lead to epithelioma only, but to cancer in all its forms. I once thought that acne punctata gave far better fruit of inquiry than the other two; but both with acne simplex and acne rosacea (especially in women) I have found the parents to have been cancerous; I do not say very often, but sufficiently often to establish a firm connection. In some cases, all, or more than one, of the children have acne. Acne punctata is mostly accompanied with that sluggishness of temperament which some have identified with the cancerous diathesis.

On Detecting Astigmatism.

Prof. J. B. Hough, M.D., of Cincinnati, suggests the following method, in the *Lancet and Observer* of that city:—

On a circular piece of white card-board are

uled two heavy, black, straight lines or bands, n such position that they will barely touch at ne extremity and leave at the other ends a pace about equal to the breadth of the lines. or viewing at a distance of eight or ten feet, he disk may be eight or ten inches in diameter, nd the lines crossing the middle of the disk bout three-sixteenths of an inch wide and the ame distance apart at their separated extremiies. The disk is to be pinned by its centre to he wall, so as to give by its rotation any desired nclination to the lines. The margin of the lisk is graduated into degrees, and a pin or nark on the wall at any desired point serves as he zero from which the astigmatic angle may e read.

When the lines are viewed by a normal eye t the proper distance, the white wedge-shaped pace is seen to extend just to the ends of the lack lines; if, however, any astigmatism exists, this appearance can only be realized when the lines are at some given inclination, depending upon the position of the plane of greatest refraction, while at right-angles to this position the white space is visible only a portion of the way, dependent upon the degree of astigmatism. It is only necessary to graduate the length of the lines into some scale of parts such that the reciprocals of the numbers shall express the degree of astigmatism. This may be easily done by a few experiments, in which Snellen's test-type may be referred to as a standard. Since, in determining the curvature of the cylindrical glasses required to neutralize the astigmatism, it is necessary either to make a calculation (involving the distance of the glass from the eye) or else to make a series of trial tests, it might be found practically expedient to graduate one side of the scale to correspond with the focal distance of the lowest glass that could render the whole space visible at the given distance and angle.

Where it is not desirable to relax the accommodation, we may use a disk on which two or more pairs of such double lines are drawn at different inclinations, so as to relieve the uncertainty arising from accommodative changes.

Syphilitic Stricture of the Œsophagus.

The following rare case is reported by Dr. W. A. Hardaway, in the Missouri *Clinical Record*:—

A girl, aged thirteen, was brought to the medical clinic of Prof. Robinson, at St. John's Hospital, where I first saw her. There was no history of her having swallowed any caustics; there were no evidences of the cancerous or tubercular diathesis; there could not be found, upon the most careful scrutiny, any traces of a primary lesion, or of secondary eruptions; moreover, the age of the child, thirteen years, would preclude the idea of an acquired taint. The patient presented a very haggard and emaciated appearance, from the fact that the girl was literally starving to death, from her inability to swallow solid food, and at the same time suffered the most excruciating pangs of hunger. An examination revealed cicatrices in the pharynx, and perforation of the right palatal pillar; there also existed ulceration of the larynx, causing marked aphonia. The stricture was situated in the upper portion of the œsophagus, and immediately above it the œsophageal canal was very much dilated, forming a pouch, where the food lodged in its downward passage, but to be rejected in a few minutes afterwards. At the date of her admission the constriction was only permeable by an ordinary uterine sound.

Before proceeding further in the history of the case, it is necessary to state here that the diagnosis was arrived at not only from the totality of the symptoms as presented by the patient, but from the fact that the mother, although denying that she had ever been contaminated, was suffering at the time from a syphilitic psoriasis of the palms of the hands. The age of the girl and the character of the lesions would forbid one entertaining the idea that the disease had been acquired by the patient. The first desideratum in the treatment was to relieve her craving for food, and accordingly she was ordered teaspoonful doses of beef tea every half hour. Her medical treatment consisted in the administration of the iodide of potassium with tonics, and the atomization of the affected parts with nitrate of silver. The patient steadily improved, and up to the time of the discontinuance of her visits to the clinic, had steadily gained flesh, and was enabled to partake of small quantities of solid food.

Acid Tannate of Ferri as a Local Remedy in Diphtheria.

Dr. James A. Hopkins, of Milton, Del., in *The Physician and Pharmacist*, says:—

Many have been the remedies used in the local treatment of diphtheria. Some have vaunted argenti nitras, in solid form. Others, the preparations of potassa and its combinations. Carbolic acid has its votaries, as well as muriatic acid and the muriated tincture of iron; externally the oakum poultice has some reputation, and no doubt is of more importance than we are ready to admit. Terebinthine liniment, as well as kerosene oil, stands prominent in the list of external remedies.

But above and before all is the acid tannate of ferri. This is a remedy not known to the Pharmacopœia, yet it stands second to none among local remedies, and I believe the only one that bears a shade of semblance to a remedy in this fearful disease, or thus far exceeds any that has become known to the professional world. It may be prepared by the addition of one ounce of the muriated tinct. of ferri to that of a strong solution of tannin, and applied by means of a brush to the diseased throat, or elsewhere, as the case may be, or what I believe to be a better way, apply the muriated tinct. ferri in full strength to the diseased part, with a brush, waiting a few moments, then apply the solution of tannin in the same way, thereby

forming a union of the two at the point of disease, having at the same time the advantage of chemical action, if there be any. On examination a few hours after, you will see the line of demarcation distinctly drawn by the discoloration of the diseased tissue, showing exactly the extent of the disease, the very thing desired, with a tendency to reparation, which will go on rapidly if the system be properly treated with a nourishing diet, and tonic and stimulating remedies.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

Archives of Dermatology.

Dr. L. D. Bulkley proposes to issue, under this title, a quarterly journal of Skin and Venereal diseases. The corps of collaborators embraces the best names in the profession.

The journal will not be prepared exclusively for specialists, but will contain such practical material as will make it a useful guide for the general diagnosis and treatment of cutaneous and venereal disease, each volume being a compendium of the year's progress in these branches, and its index that of cotemporary literature.

Each issue will consist of ninety-six octavo pages, well printed on heavy paper, with suitable illustrations as required, special attention being given to photographic work and microscopy.

The price will be three dollars a year. The publishers are Putnam's Sons, Fourth Avenue and Twenty-third street, New York.

The American Edition of Von Ziemssen's Encyclopædia of the Practice of Medicine.

Our readers are probably aware, from the advertisement sheets, that a translation of Prof. Von Ziemssen's "Encyclopædia of Medicine" is in course of publication by Messrs. Wm. Wood & Co., of New York. The translation is being made from advance sheets as issued from the German press, and the English edition, therefore, will closely follow the original issue.

The work is divided into fifteen volumes, to be published successively, the first volume of the American edition being nearly ready for issue, and consists in reality of exhaustive monographs on all the topics included in the practice, written by authors the most distinguished for their experience and erudition in these departments. A glance at the circular will show the range of subjects and the names of the exponents to whom they have been entrusted. The American edition is being edited under the supervision of Dr. A. H. Buck, of New York, assisted by a corps of translators selected for their knowledge of the special subjects, much as has been done in the preparation of the original. This encyclopædia of Von Ziemssen is exceedingly complete, brought down to time, and has already been pronounced by the press, as far as it has appeared, the most satisfactory effort of the kind which has been projected; and it is said that a translation of it into French is in actual course of construction.

This work is one of the most important ever undertaken in this country, and the publishers look confidently forward to a large sale to compensate them for their enterprise and outlay. From what we have heard from those who are familiar with portions of the work in the original, we can cheerfully recommend it to our readers as a complete library of modern practice. A gentleman of this city, engaged in translating a portion of this work, has told us that the names of Dr. Da Costa, and others of our American authorities, are not omitted among the references.

The wood cuts, which are to illustrate certain portions of the work, are to be reproduced from electrotypes, furnished under arrangement with the German publishers; and the typography, of which we have seen a specimen, is exceedingly attractive. The type is new, clear, and large, so as to render reading as pleasant as possible, and the paper is of good and durable quality.

The price of the work, though large in the aggregate, is not large when the amount of material, fifteen large octavo volumes, is taken in consideration; and the satisfaction of having a reliable series of exhaustive monographs, which convey information which is necessarily looked for in vain in ordinary text-books and two-volume treatises on the practice, is more than certain to repay the outlay.

BOOK NOTICES.

Surgical Emergencies; together with the Emergencies Attendant on Parturition and the Treatment of Poisoning. A manual for the use of general practitioners. By Wm. Paul Swain, F. R. C. S., Surgeon to the Royal Albert Hospital, Devonport, England. With eighty-two

illustrations. Philadelphia, Lindsay & Blakiston, 1874, pp. 189. Price $1.75.

While this little volume is little more than a compilation, yet, by reason of the judicious editorship of Dr. Swain, it furnishes to the busy practitioner an extremely valuable vade mecum. The surgical portion gives the reader, in a condensed form, almost all he can desire in every emergency. The fact that Dr. Alfred Meadows has aided in the compilation of the chapter on Emergencies of Parturition, and Mr. G. Lawson in that on Injuries to the Eye, adds greatly to the confidence of the physician who explores its pages.

If anything, the chapter on "parturition" is rather too condensed, and might have been made of much greater value.

Antiseptic treatment forms the subject of a closing chapter of great importance.

The Complete Hand-book of Obstetric Surgery; or Short Rules of Practice in every Emergency, from the simplest to the most formidable operation connected with the science of Obstetrics. With numerous illustrations. By CHARLES CLAY, M. D., late Senior Surgeon and Lecturer on Midwifery, St. Mary's Hospital, Manchester, England, etc., etc. From the Third London Edition. Philadelphia, Lindsay & Blakiston, 1874, pp. 328. Price $2.00.

This is truly a "complete hand-book." Upward of one hundred and eighty operations are here described. Even some which are regarded as so simple that every practitioner might be supposed to be well acquainted with them. Yet the author justly says, "so prone are junior practitioners and students to run after and interest themselves with great operations, that seldom occur in practice, that they neglect to learn how to perform neatly those which occur daily and hourly in every one's practice. The simplest of all operations is often performed without any regard to delicacy or neatness, and sometimes very inefficiently."

We regret that the author, while giving us an excellent index, fails to give a table of contents, both of which are of urgent need to all who desire to know the contents of a book, and to readily ascertain whether it treats of a given subject.

Having devoted the initial chapter to chloroform, the author carries the reader in alphabetical order through abdomen, abortion, abscess, acrania, amnion, ani, anteflexion, etc., ascites, asphyxia, ballottement, bandages, bands or cicatrices, belladonna applications, bladder, blunt-hook applications, Cæsarian section, calculus, canula for polypi, catheterism, cephalotrite, clitoris amputation, club-foot, coccyx fracture, convulsions, cord, etc., to uterus, vectis, and version.

After quite a careful examination of the volume, we scarcely think that anything has been omitted which is likely to occur to the obstetrician in his attendance upon the parturient female. We like the book, and commend it to our readers.

Half-Hour Recreations in Popular Science, No. 12. The Circulation of the Waters on the Surface of the Earth. By W. H. Dove. What is Actinism? Boston: Estes & Lauriat, 143 Washington street. Price 25 cents.

This completes the first volume of this highly interesting work. This number is fully as interesting as any that has preceded it. The question which closes the number is answered in two pages. "Actinism is the chemical power which is necessary to excite germination in plants. It emanates from the blue ray of the speculum." To those who have not been following this series, we say by all means make haste to procure from the publishers the full set, and a cloth cover for binding.

A second volume is promised, in monthly numbers, as before.

Weighing the Motes in the Air.

To catch and weigh "the gay motes that people the sunbeams," as Milton calls them, would seem at first a wild undertaking for a sober philosopher, but M. Tissandier has attempted and accomplished it. In doing it he has taken advantage of the solubility of gun-cotton in ether, though what that has to do with it the reader might be puzzled to guess until the *modus operandi* is explained. A cubic metre of air is sent through a tube containing gun-cotton. This retains the dust, and it has merely then to be dissolved in order to get the particles themselves. By this method he has found after heavy rain 6 milligrammes of corpuscles in a cubic metre of air, and as much as 23 milligrammes in dry weather. As to the nature of the dust, organic matter generally formed the third of it, silicious matter another third, the remainder consisting of various matter, including sulphate and oxide of iron.—*Boston Journal of Chemistry.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPT. 19, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

The terms of these are as follows, payable in advance.

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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

Protection Against Quackery.

In our last number, we alluded to the noble efforts of Kentucky to protect her citizens from the infamous wiles of the charlatan. That such legislation is eminently necessary, was never more patent than at present.

The following editorial from a New York cotemporary so fully expresses our views that we give it in full:—

"The verdict of the coroner's jury in the case of the young married woman who died in a 'water-cure' establishment on Seventy-second street, in this city, recalls attention to an enormous and growing evil. It is shown in the evidence in this case that the unfortunate patient died of poison absorbed into the system from sores upon the body. It is also apparent that these ulcers and sores had been caused by improper treatment, or rather lack of treatment. Wet bandages had been applied, in absolute ignorance of their effect, and, apparently, without any design whatever. The patient had been neglected so long that the spine was covered with that variety of ulceration known in hospitals as 'bed sores.' In short, the facts brought out show one of the most shocking and painful instances of malpractice. The supposed proprietor of the water-cure establishment, one Schiefferdecker, testified that he had no diploma, and that he first found out how his patient was affected, after she had been in his charge three weeks, by noticing the unpleasant odor arising from her body. The monstrous affair seems to be fitly summed up in the verdict of the jury, who found that the patient came to her death 'from criminal neglect on the part of Schiefferdecker,' and it is recommended that all such institutions as his be under the supervision of the Board of Health.

"As everybody knows, the city is full of such 'doctors' as this man Schiefferdecker. Of course, in the multitude of private infirmaries, there are some that are carefully and properly managed by competent men. But the number of charlatans is very large. The host of men who advertise their ability in 'specialities' are, for the most part, quacks of the deepest ignorance. The city streets, in some wards, are thick with the signs of these harpies, who prey upon the credulity and misfortunes of the race. They have private hospitals, into which no Health Inspector ever goes. They are re-

sponsible to nobody, and, when their deluded victim dies on their hands, they are able to give a 'doctor's' certificate of the cause of death which shall satisfy the easy requirements of the law. Unfortunately, most people are too ready to place reliance upon the plausible representations of these charlatans. Treatment by the 'regular' practitioners is expensive, and it is thought, on the whole, a saving of money and time to put one's self into the hands of the irregular pretender, who contracts to cure all diseases to which flesh is heir. Some of these men profess to gain their knowledge of the art of healing from the spirits of the dead; some assume to cure by intuitive knowledge; and some, affecting to despise 'the pedantry of science,' lay hands upon the delicate human organization as they would attack an unhewn stick of timber. People are so easily gulled, so willing to be humbugged, it is not surprising that prescriptions and nostrums that seem simply grotesque in their eccentricity are swallowed with faith and confidence. One of these 'doctors,' not long since, gave sea-sand and milk for chronic dysentery, and another prescribed raw eggs for paralysis. But these fellows never lack patients.

"The remedy for this mad trifling with human life and health is obvious. We have public and chartered hospitals that are obliged to submit to inspections and domiciliary visits, yet here are innumerable private institutions, nobody knows how conducted nor by whom superintended, dotting the city in nearly every block. Whatever may be true of this special case, a moment's reflection must show that it is to the last degree unjust that any such institutions should exist without official inspection. We are not prepared to indorse the recommendation of the jury that the Board of Health should exercise a supervision over these hospitals, that body has its hands full just now. But it is simple justice to those institutions that are conducted by capable and honest men that they should be defended against quacks. It is just to the community, so ready to be cheated, that it be defended by the law against the deadly greed of charlatans."

Let our legislatures give us, in every State, a law which shall drive these villains from the land. Let these enactments be so carefully drawn that there shall be no room for evasion of their penalties. Then, and then only, will the title of Doctor become honored as it should be, and no one need fear, as we have known in more than one instance, to apply to a "Doctor," lest they should fall into the hands of an ignoramus.

Notes and Comments.

Action of Ergot on the Infant.

Dr. E. R. Herschel, in the New York *Medical Record*, says a new-born infant, by accident, received half a teaspoonful (thirty drops) of Squibb's fluid extract of ergot. Efforts to vomit the infant failed. In an hour it was seized with severe abdominal pains, recurring every fifteen minutes, and lasting about one minute. Slight tetanic contractions of the face and extremities were present, and four hours subsequently a diarrhœa set in. All the symptoms yielded to hot baths in twelve hours, though for two weeks there was a tendency to diarrhœa. This supports the opinion that ergot does not cause the death of the child during labor.

Ice in Painful Conditions of the Bladder and Rectum.

Dr. H. M. Lyman, in the Chicago *Medical Journal*, quotes a number of cases of hemorrhoids, irritable bladder, recto-vaginal abscess, vesical irritation from cantharides, in which, after utter failure of the usual routine practice, the use of a suppository of ice in the rectum or vagina, repeated as indicated, speedily relieved pain and all other bad symptoms.

The Killing of Entomological Specimens.

Professor W. Mattieu Williams, in a note printed in *Nature*, gives the result of some experiments made with the vapors of volatile liquids with a view to finding an expeditious and painless method of killing insects for specimens. Several vapors produce temporary insensibility, but bisulphide of carbon killed them effectually. "My method of applying it," he says, "was to place a few layers of blotting-paper, lint, or cotton wool, on the bottom of a wide-mouthed bottle, pill-box, or other convenient place of execution; then to pour a few drops of the liquid upon this and confine the insect in the receptacle, which, on account of the great density of the vapor, need not be very accurately closed. The action of the

vapor must be continued a few minutes after signs of life have disappeared, or the insect will recover. The most obstinate of beetles succumb without a struggle, and the most delicate of moths or butterflies are uninjured, provided the liquid itself does not touch them. Butterflies may be killed after they are pinned out, by simply placing a little cotton wool soaked with the bisulphide in a box near to them."

Another Dentifrice.

In a late number of the Medical and Surgical Reporter, I noticed a recommendation of the use of liquor-calcis as a dentifrice. For several months past I have been using a solution of bicarbonate of soda as a dentifrice, with great satisfaction. It effectually cleanses and preserves the teeth and gums, and (as far as my observation goes) does equally as well for artificial teeth. N. R. Adams.

Correspondence.

Capon Springs, West Virginia.

Ed. Med. and Surg. Reporter:—

This celebrated place is situated in Hampshire county, amid some most beautiful scenery and magnificent mountain views. The mineral spring is at the foot of a high ridge, and in an opening which gives evidence of having been filled up at an early period of the world's history. Doubtless an immense quantity of water has accumulated in the rear, and has finally forced the earth and rocks out, leaving a gorge about twenty yards wide.

The rocks composing this ridge are of sand stone, standing on edge, and are perfectly bare, though fine timber is interspersed among them.

From the cliffs many fine views present to the eye, and the traveler is amply repaid for his labor in ascending. Some effort has been made towards improving the paths, much to the saving of strength, especially where an invalid desires to partake of the beauties of nature.

Eagle Rock is a point of interest which can be reached to within a mile of the top by a good pike road. From this position a large part of the valley is exposed to view, and the eye travels over ridge after ridge of mountains, to a distance of forty miles.

Another fine view is obtained from the Pinnacle, about five miles distant. It is estimated that some sixty miles of mountain scenery are in the range of vision.

The Devil's Garden is a wild, deep gorge, situated about seventeen miles from the springs. Here, the wild profusion of rocks scattered in every conceivable shape and way, presents a scene of grandeur and awe which strikes the eye of the beholder, though opinions differ as to the effect; hence, some call it the Devil's Den.

The water of the Spring is highly charged with carbonic acid gas, together with soda, magnesia, iodine and bromine. No proper analysis has yet been made.

The effect of this water upon the kidneys is quite perceptible, and many visitors claim to have received immense benefit from its habitual use.

Some forms of dyspepsia also appear to improve under the influence of a free use of these waters.

Another spring, which exudes a few yards from the mineral spring, is called the Beauty Spring, from its effect upon the skin. After laving with it, the surface is left smooth and soft as the skin of a child, and when drank for a length of time, it causes the person rapidly to acquire flesh. This spring is well patronized by the ladies.

There are several chalybeate springs in the neighborhood, which also attract many who desire to partake of their waters.

August, 1874. Wm. F. Patterson, M. D.

Deafness a Sequel of Typhoid Fever.

Ed. Med. and Surg. Reporter:—

I have become convinced of the truth of the declaration contained in the above caption, since writing the foregoing. I deem the record of the fact, in connection with the subject of this article, worthy of special note. The character of the deafness referred to is the same as described in a preceding paragraph. My first idea as to the liability of the difficulty alluded to supervening upon an attack of the fever mentioned, was suggested by some professional observations which transpired in a recent conversation had with Dr. H. A. Pooler, late a practitioner of New York city. The doctor stated, in his remarks pertinent to this subject, that during a hospital experience, where his opportunities of observation had been large, he had found deafness, of the kind adverted to, an ordinary result of typhoid fever. Indeed, his testimony is, that he witnessed its occurrence as an almost invariable sequel of that fever. What more philosophical thing could happen than the drying and hardening of the cerumen, consequent upon a severe attack of fever? That the peculiar deafness in question, generated in the way already detailed, should follow especially an attack of typhoid fever, may be accounted for from the fact of this particular character of fever being commonly a protracted and high grade of fever. In confirmation of the truth of the general proposition, I have to state that in my individual experience, to which allusion has before been made, the deafness succeeded an attack of typhoid fever of great severity and protractedness.

In this supplementary portion of my communication, it is proper that I should state the method of treatment practiced by Dr. Pooler,

for relief of deafness of his patients. He observed that his plan was, after ascertaining that the producing cause of the deafness was due to the presence of hardened cerumen, to introduce into the meatus auditorium, at night, a quantity of sweet oil, and on the following day to employ free injections of soap and water, till the plug becomes loosened from its bed and washed out. It did not occur to me to inquire of him what was the kind of syringe he used. The doctor averred his treatment, corresponding with experience of Dr. Bacon in like cases, to have been eminently successful. He put the number of patients operated upon by him at fifty or more.

J. H. Thompson, M. D.

Goshen, N. Y., July, 1874.

Bee Sting.

Ed. Med. and Surg. Reporter:—

On the 29th ult. my little boy, aged four years, was playing among some asters, or tall iron-weeds, that were in full bloom. As the day was warm and pleasant, numerous insects were attracted thither by the color or odor of the flowers. Among them I noticed particularly the honey-bee, and the bumble-bee.

The boy amused himself by breaking off the tallest weeds, stripping off the leaves and thrashing about with the long slender reeds, as with a buggy whip. By and by he became quiet, withdrew a few yards and sat down. Nothing was thought of all this till he began to whimper and cry, saying he wanted me to take him home. Soon he began to complain of pain in his ear, crying unceasingly till midnight, in spite of all soothing applications. Fever was now violent; temperature 105°; skin harsh and very dry; pulse from 120 to 140, full and strong; countenance flushed and heavy; eyes injected: breathing short, quick and difficult, followed in rapid succession by the graver symptoms of delirium, great jactitation, corrugating or drawing up the brows, the nose, and the upper lip. There was no thirst, but persistent vomiting. I gave a mercurial purgative, which operated next day, followed by ergot. Temporary relief followed catharsis. The action of the heart was still violent, and the heat of the skin such as I perhaps never felt except in acute cerebrospinal meningitis. I next gave tr. aconite leaves, in three to five drop doses, every three hours. The third dose moistened the skin, and when the time for taking the fourth dose had arrived, the boy was sleeping quietly, the perspiration standing in beads all over him.

About 9 o'clock on the evening of the third day the fever had all left him. He slept tolerably well during the night, calling now and then for good fresh water, of which he drank freely at short intervals. Next morning he was cool, quiet, thin and very pale, wonderfully reduced in both flesh and strength. Above the left eye and under the chin were two circular spots, slightly elevated, with a puncture in the centre of each. Calling the boy's attention to the spot on his forehead, he remarked, "that is where the bee stung me." The secret was out. The boy was poisoned by bee sting. Two important witnesses to this fact were wanting. The boy did not cry out as children generally do when stung. No punctures were visible at the time he first complained, for I examined him pretty closely. The poison was so quickly absorbed that the whole face partook of the turgescence, entirely obliterating the spots where the poison was injected.

A. D. Binkerd, M. D.

Treatment of Hemorrhage in Malarial Fever.

Ed. Med. and Surg. Reporter:—

I have frequently used potassæ bitartras in hemorrhagic malarial fever, but was pleased to find that in combination with senna it had a particularly beneficial effect in bilious melæna, or black vomit, occurring during the progress of yellow fever. The formula is four drachms of each, infused in a pint of boiling water, macerated for an hour and strain, adding two ounces of tincture cardam. comp. The dose, a wineglassful to be taken frequently, say every half-hour or hour, according to the urgency of the case.

The therapeutics require, as an auxiliary, an external application to the abdomen of iodine liniment, freely smeared over the entire surface of the bowels, and the operation is to be repeated as soon as the liniment is absorbed through the circulation, and the skin is again dry, or colorless and cold: four or five applications can be safely employed in twenty-four hours. Respectfully yours,

John B. C. Gazzo, M. D.

Parish of La Fourche, La.

Statistics in Hernia.

Ed. Med. and Surg. Reporter:—

Some writer has of late been considering the relative number of cases of hernia, in respect to the side of the body upon which it occurred.

I find on looking over the records of more than seven hundred cases of pensioners and applicants, that twenty-eight were suffering from hernia. Fourteen were upon the left side, ten upon the right, three double, and one ventral. It will be seen that the percentage of injuries from this cause is very small, considering that a soldier is exposed to accidents which induce hernia. Lifting heavy weights was the most common cause, and occurred upon making sudden exertions in raising the wheel of a wagon or artillery carriage out of the mud, or in throwing up fortifications. Among the whole number there was no material improvement, and but a small proportion have worn a truss.

F. K. Bailey, M. D.,

Knoxville, Tenn., Aug., 1874.

—Always employ a saturated infusion of coffee in opium poisoning. It is always at hand, and can be used while other remedies are being prepared.

News and Miscellany.

Resumption of Clinics.

The clinic at the Pennsylvania Hospital opened on Wednesday, Sept. 9th. A large class is already in attendance.

We understand that the clinic at the Jefferson College Hospital opened on the same day, Prof. Gross in charge.

That of the University College Hospital opened on Monday, Sept. 14.

The probabilities are that both schools will have large classes in attendance.

A Noble Death.

The *Scotsman* says:—Dr. Laval, a distinguished physician in the French army, has just met an honorable death at Tripoli. Profiting by leave of absence to prosecute scientific researches in that regency, he ascertained that the plague had broken out in the neighborhood of Benghazi, and straightway proceeded to the spot, the solitary physician and European amid a panic-stricken people. He pressed the local authorities into his service to circumscribe the epidemic, and at the same time was unremitting in his attention on the sick. Neither danger nor fatigue restrained him till he sank a victim to the malady, six days after seizure.

To Those Suffering From Hay Fever.

Dr. George M. Beard, 53 West Thirty-third street, New York City, is desirous of obtaining a large number of facts and statistics in regard to the so-called "Hay Fever," or "Autumnal Catarrh."

He is especially interested in those facts that seem to indicate the dependence of this disease on the *nervous system*.

He would therefore regard it as a great favor, if those who are personally familiar with this disease would fill out, so far as they can conveniently do so, the answers to the questions contained in a circular, which he will send to all who apply.

Medical Qualifications and Examinations.

A bill to amend the Medical Act, 1858, and to provide for the examination of candidates for certain medical appointments, prepared by Dr. Brady, Mr. Errington, and Dr. Lush, has been issued. It provides that "from and after the passing of this Act, no person shall be entitled to hold any appointment as a physician or surgeon, or other medical officer, unless, in addition to being duly registered under the Medical Act, 1858, he be examined and declared competent for such appointment or appointments by an Examining Board, as hereinafter provided, registered under this Act, and thereby entitled to append to his name the letters C. M. B., signifying Civil Medical Board. That within the period of three months after the passing of this Act, it shall be the duty of the General Council to appoint a civil medical board, consisting of fifteen members, five to examine in England, five in Ireland, and five in Scotland, whose duty it will be to examine all candidates presenting themselves who shall have obtained the degree or license to practice medicine or surgery from bodies legally entitled to grant such degrees or licenses, and have been duly registered as such. That the respective local registrars for England, Ireland, and Scotland shall be the registrars for the Examining Board, and shall keep the registries and examination lists in such form as laid down by the General Medical Council, receiving for such additional duties such salary as the General Medical Council shall allow. That the Board of Examiners under this Act shall be an examining board only, without any power to inquire into or lay down courses of education or study. That the fee for examination and certificate from the Examining Board shall not exceed £5, provided that nothing in this Act contained shall be construed to affect the interests of persons duly registered under the Medical Act, 1858, at the date of the passing of this Act.—*Foreign Paper.*

Dr. Drysdale on Smoking.

Dr. Drysdale, says the London *Observer*, has availed himself of the meeting of the Medical Association at Norwich, to fire off a most formidable counterblast to tobacco, which he seems to detest almost as cordially as did King James himself, holding its use to be "a violation of the laws of public hygiene," which means, it is to be presumed, that if Dr. Drysdale could put it down by act of Parliament he would. In default, however, of such enlightened legislation, he holds it his duty to "speak out," and very plainly, indeed, he did speak out. "For his part," he roundly declared, "he charged tobacco with causing blindness, palpitation of the heart, paralysis, and diseases of the teeth, mouth, and tongue. He alleged that it was a foe to cleanliness and good manners. He knew that it was injurious to workers in tobacco factories, and he, therefore, contended that it was not a true luxury and never a necessity." Still more terrible is it to know that to tobacco must be ascribed many of the cases of *malaise* and *cachexia* of men who would otherwise be in perfect health. That tobacco in excess, or if taken by those who are not accustomed to it, is apt to produce *malaise*, may perhaps be taken as an accepted fact. But *cachexia* is a terrible word, and one which the Anti-Tobacco Society will, we suspect, put to good purpose in their Exeter Hall meeting. Dr. Drysdale is also very uneasy to find that "tobacco-smoking has left the tap-room, and that now not even the throne itself is destitute of the perfume of tobacco." We had always imagined that her Majesty disliked smoking excessively, but perhaps Dr. Drysdale uses the word "throne" somewhat vaguely. It is certainly going a little beyond the limits of strict accuracy to declare that "the whole of Europe is fast being turned into

a cigar divan," and that "it is every day becoming more difficult for a man of average strength of mind to assert his liberty to refrain from tobacco if he goes into society at all." We are sure, for instance, that nobody cares the stump of a cigar whether Dr. Drysdale smokes or not; but we suppose that talk of this kind pleases the members of the Anti-Tobacco Society. In any case it is a comfort to know that German and Turkish tobacco "are almost devoid of noxious qualities." So candid an admission almost consoles us for the terrible prospect of *cachexia* itself.

Healthy Dwelling Houses.

In a recent noteworthy and very elaborate paper on the proper mode of building houses so as to insure health, read by Dr. Hayward before the Liverpool Architectural Society, he enumerates various conditions essential to that purpose, the more important of which are a due exposure to fresh air and sunlight, positive freedom from damp, a large cubic space for air, and abundant means for the escape of foul and the admission of fresh air. Dr. Hayward argues that it is essential that the air should be warmed previous to admission, and that ventilation is the great and main necessity of house-building; that whatever be left undone, this should be especially attended to. In regard to the temperature of the admitted air, he says that bedrooms are often very improperly constructed and arranged, so that in winter the sick occupant has to be in a current of air passing between the doorway and the fire-place, from twenty-eight to thirty-five degrees temperature, while that of his body is nearly one hundred. To these bedrooms, says Dr. Hayward, very many cases of consumption, bronchitis, and asthma may be traced; furthermore, in fever cases much fresh air is required, and sometimes endeavor is made to obtain it even by opening the doors and windows, so that many typhus fever patients die of pneumonia, and many rheumatic fever cases also are prolonged and complicated. Drafts are equally pernicious in sitting-rooms, where persons may be roasted on one side and frozen on the other, resulting in neuralgia, rheumatism, colds, coughs, asthma, consumption, and a long train of similar ailments, the chilly lobby contributing materially to these results. Dr. Hayward urges the importance of a thorough reform in architectural construction in order to avoid these and other objections.

Curious Case of Hydrophobia.

A medical man recently died in the Paris Maison Municipale de Sante, of the most undoubted symptoms of rabies. Dr. Fereol, who had the management of the case, gives the following summary: An individual enjoying perfect health, temperate in his habits, and with no hereditary propensity to insanity, is seized, after laboring under low spirits for a few days, with fits of rabies, which carry him off in three days. On a post-mortem examination the lesions usually observed in cases of hydrophobia were found. Two years and a half before the outset of the fearful disease, which destroyed him in so short a time, the patient had been bit by a bitch which was in a rabid state. The animal was examined after death by a veterinary surgeon, who certified to the existence of rabies. It should, moreover, be observed that the bitch, at the time she became rabid, was suckling a pup, which died hydrophobic three weeks after the mother. M. Fereol, under whose care the patient died, has sent an elaborate essay to the Academy of Medicine on the case. A lively and instructive discussion is expected. The essay concludes with the following deductions: 1. The incubation of rabies, which is mostly limited within the first two months after inoculation, may exceptionally last much longer, and may reach eighteen months, or even two years and a half. 2. The symptoms of the disease are generally of a uniform description, but they may assume various aspects under the influence of numerous agents, as insanity, alcoholism, hysteria, etc. There are, however, certain signs, such as spasm of the glottis, a peculiar mode of sputation, and the symptom known under the name of aerophobia, which belong especially to rabies, and which allow of the diagnosis of the disease, although accompanied by the above-named complications. 3. Idiopathic or imaginary rabies, which is not generally fatal, may end in death; in such case the symptoms will yield sufficient reasons for holding that actual rabies did not exist. 4. The bronchial spuma with rabid patients plays an important part in the phenomenon of sputation; and it may be safely affirmed that the principal symptoms as well as the principal lesions of rabies in the human subject, are concentrated upon the function of respiration. The characters of the breathing distinguish rabid hydrophobia from the cases of hydrophobia depending on a non-virulent cause.

Sea Sickness.

The opinion so commonly held in regard to sea sickness, namely, that it is due either to a congestion of the brain or to a commotion in the abdominal viscera, caused by the motion of the vessel, is very plausibly combated by M. Pellerin, who, in a paper read before the French Academy, attributes the malady to a deranged circulation of the blood, produced by the alternate rolling and heaving of the vessel. The result of this, he says, is not a congestion of the brain, which is, on the contrary, deprived of some of the blood required to keep up a stimulus of that nervous centre, that sensation which is felt in sea sickness resembling peculiarly what is felt immediately after a letting of the blood when the patient sits or stands, namely, a disposition to vomit, or actual vomiting. In support of this opinion, mention is made of the fact that persons who are liable to sea sickness experience its effects in a much slighter degree when they are in a horizontal position, the relief thus afforded being like that which is pro-

duced in the same position when a person is in a state of syncope.

How to Pull Teeth.

The following, sent us by a reader, we respectfully refer to our Dental exchanges:—

A peculiar dental operation has just come under our observation. A certain citizen had an upper tooth which was loose and troublesome, so he resolved to extract it by fastening a string to it; but after a trial, finding the operation pained, he hadn't the grit to grin and bear it. He thought if the tooth could be extracted by some sudden mode, the pain would be but transient; and, after mature deliberation, he hit upon an ingenious plan to jerk it out in a jiffy. Procuring a heavy flat-iron, he tied it to the other end of the cord attached to his tooth, then shutting both eyes he let the iron "drop," which descended plumb centre on his pet corn. After hopping about the room, wildly, on one foot, groaning for very anguish of spirit, and reciting choice passages from profane history, he finally calmed down sufficiently to hurl the flat-iron over the fence, and swathe his sore toe in camphor and cotton. But, he pulled the tooth, and with it a piece of gum the size of a beefsteak. And the man lived.

Protection from Yellow Fever.

In a report on yellow fever, recently published in the United States, it is shown that this disease has never appeared in any climate at the height of 2500 feet. In the Island of Dominica, a hilltop not more than 1500 feet high is always healthy, even when the fever is epidemic at its base. In San Domingo similar observations have been made. The highest elevation at which yellow fever has occurred in the United States is 460 feet, in Arkansas; and the medical men of this country now hold that the stratum of air infected by the poison is heavier than pure air, and therefore sinks, and they recommend that in unhealthy districts houses and hospitals should be built on tall piles, so as to be above the fever stratum. But where hills are near, the best remedy will be to carry the patients up to a height of 500 feet.

Items.

—Dr. Stuart Eldridge, an American physician connected with the medical staff of five large native hospitals on the island of Yesso, Japan, has a large number of native students attending his clinical lectures. He publishes in the Japanese language a bi-monthly illustrated medical journal, which finds numerous readers.

—Dr. Hiram Corson, of Whitemarsh, Dr. J. Knipe, of Norristown, L. H. Davis, Esq., of Pottstown, and Henry Fry, Esq., of Limerick, have been appointed a Board of Visitors of Montgomery county, to look after the condition of the jails, insane asylums, almshouses, etc., and report to the Board of Charities, with which it will co-operate. These are excellent appointments.

QUERIES AND REPLIES.

B. P. Reese.—Your article appeared Sept. 12.

In reply to several correspondents, we will say that it is our desire to omit all matter of a controversial nature. Occasionally something will escape our scrutiny, and thus will lead to a reply which must, in equity, appear.

"*One Who Respects the Code.*"—By the above, you will see that we must decline your communication. Our opinion on this point is well known, but we do not desire to bore our readers with these things. Please append your name in future. We rarely accept any anonymous matter.

NEW YORK, 9 mo. 11, 1874.

The volume of Ziemssen's Cyclopædia of the Practice of Medicine will be delivered to all subscribers in the United States, as issued, for the subscription price—*free of all other charges.*

Respectfully, WM. WOOD & CO.

OBITUARY.

DR. F. M. O'DANIEL.

At a meeting of the physicians of Rutherford, Gibson County, Tennessee, the following resolutions of respect and condolence were adopted:—

WHEREAS, It has pleased God to remove from our midst, and from a life of usefulness, our esteemed brother of the profession, Dr. F. M. O'Daniel, and whilst we bow in humility to the dispensation of *The most High* and *Triune* God, we cordially give expression to our sorrow in his death.

Resolved, 1st. That the medical profession in this vicinity are moved with deep regret by the death of so faithful and useful a member.

2d. That in this event we are in remembrance of his earnest devotion to our profession and to humanity, which stimulates us to increased energy in the discharge of the duties that rest upon us as physicians and citizens.

3d. That although he had been laboring under grave physical disabilities for a number of years, the afflicted in the community always found in him a kind and considerate physician.

4th. We do deeply sympathize with the bereaved wife, relatives and friends, and that a copy of these resolutions be furnished the MEDICAL AND SURGICAL REPORTER and Trenton *News-Gazette* for publication, and that a copy be presented to the wife of the deceased. All of which is respectfully submitted.

J. G. MONTGOMERY,
A. B. BUCHANAN,
B. F. O'DANIEL,
} Committee.

S. L. KYZER, Secretary.

MARRIAGES.

AMERMAN—WRIGHT.—At Newtown, Thursday evening, September 3d, by Rev. J. P. Knox, J. Walter Amerman, of Brooklyn, and Miss Julia Worthington Wright, daughter of the late J. C Wright, M. D., of Newtown, Long Island.

DEATHS.

DEWITT.—In Lawrenceville, N. J., August 28th, Winfred, son of Dr. Edmund and Elizabeth Dewitt, aged 2 years.

DRAKE.—At Rahway, N. J., on Wednesday, 2d instant., Julia A., wife of Dr. Lewis Drake, in the 68th year of her age.

GARRISH.—At New Brunswick, N. J., on Wednesday, August 26th, Ariet Suydam, wife of the late Michael Garrish, in the 91st year of her age, mother of Dr. John P. Garrish, of that city.

GREEN.—In Trenton, N. J., on August 29th, Lizzie, infant daughter of Dr. Wm. and Mary A. Green.

SLACK.—At Troutdale, near Bloomsburg, N. J., August 27th, 1874, John Hamilton Slack, M. D., formerly of this city.

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MEDICAL AND SURGICAL REPORTER.

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Communications.

CERTAIN CIRCULATORY DISTURBANCES DURING PREGNANCY.

From Chapter XIII of "Braun's Midwifery."

TRANSLATED BY BENJAMIN LEE, M. D.

Jaundice in Pregnancy.

Jaundice is of comparatively rare occurrence during pregnancy, appearing under a twofold form, either with an intense golden coloration of the albugineous tunic of the eye and of the skin, without fever or cerebral complication, or with a sulphur-yellow coloration, attended by fever and symptoms of cerebral disorder.

Jaundice without fever may make its appearance at any stage of pregnancy, and run its entire course during that period, but ordinarily leads to abortion or premature labor. If the interruption of the pregnancy follows shortly upon the attack of jaundice, we often find the waters already yellow,* while the fœtus is still entirely free from any icteric stain. But should several weeks elapse between the invasion of an intense jaundice and the expulsion of the fœtus, the latter sometimes dies spontaneously, and on expulsion its viscera present a greenish-yellow discoloration (or cirrhonosis,† according to Lobstein), as has been observed both by J. P. Frank and myself.

The cause of jaundice without fever is not to be sought in the pregnancy or the pressure of the enlarged womb, for it does not occur more frequently in the second than in the first half of gestation, but must be deduced from general etiological principles whose value is not confined to this condition. Its source is found at times in a *retarded flow of bile into the intestine* (as indicated by a large amount of its coloring matter in the urine and its absence in the fœces); at times in a *disordered secretion of bile* (as shown by the scanty presence or complete absence of this coloring matter in the urine, and a great abundance of it, with an intense yellow coloration, in the fœces).

The prognosis and treatment of this disorder do not depart from the general principles of medicine; obstetrical interference renders it neither better nor worse, and the *induction of premature labor is, therefore, never necessary for the safety of the mother.* But it may be indicated when the jaundice is intense and of long continuance, and the fœtus is both living and viable, with a view of preventing its death before the termination of pregnancy.

The so-called *chloasmata* have no connection with jaundice, or indeed with any disease of the liver, but are to be regarded as parasitic growths (pityriasis versicolor) occurring during pregnancy, or in certain situations, as for instance the areola around the nipples, as pigmentary deposits.

A very valuable article upon the relationship of several of the skin diseases to the functions of the internal generative organs of women has been published by Hebra,* from which it appears that eczema, urticaria, ephelides, brownish discolorations of the skin, falling out of the hair, and stearrhea, which obstinately resist all treatment, even the use of the ferruginous

* Clinik der Geburt, etc., § 245.

† Κίρρος—a waxy yellow.

* Hebra: Wochenblatt der Zeitsch. Wiener Aerzte. Nr. 40, 1855.

preparations, which he lauds so highly, in many instances are completely cured by the occurrence of pregnancy, while on the other hand they often display an obstinate persistence during that condition, and do not yield after delivery, or even childbed; whence it would appear that the most dissimilar conditions of the blood, especially if of the general type of oligocythæmia (aglobulose), exert one and the same influence in these respects.

The action of pregnancy in now arresting, now retarding, and now favoring the progress of skin diseases is, therefore, subject to similar laws to those which have long been recognized as governing syphilis and many acute and chronic diseases of the internal organs.

Jaundice with febrile and cerebral complications has been sufficiently considered in the preceding pages, as regards its diagnosis, prognosis, and therapeutics, under the name of cholæmic eclampsia.

In cases observed by Kiwisch,* Scanzoni,† Spaeth,‡ the author, and others, post-mortem examination disclosed not only destruction of the liver cells, but also frequent complication with chronic Bright's disease. In the two cases which I observed,§ extravasations of blood as large as the fist were found in the areolar tissue, in the tendinous sheaths of the muscles of the thigh, and especially under the breasts upon the greater pectoral muscles.

Death generally ensues soon after the invasion of the cerebral symptoms, before labor is accomplished. Carpentier,‖ however, reports having seen eleven cases, in which premature labor occurred, and the brain symptoms, with fatal issue, made their first appearance during the earlier days of childbed. The pressure of the pregnant uterus cannot be viewed as the essential cause of acute atrophy of the liver, inasmuch as the affection occurs as well in the first half of pregnancy as later. Icterus occurs not infrequently during childbed, as a result of pyæmia or anæmia, and in these cases the autopsy reveals simply the ordinary fatty liver of childbed, not acute atrophy of this organ.

Chlorosis, Congestions and Hyperæmia in Pregnancy.

Chlorosis appears in pregnancy under the same manifestations as at other times, may be of a mild or severe form, induces functional and nervous disorders of the most dissimilar character, and may, in its highest degree of development, bring to our notice an anemia such as is rarely seen, save after profuse hemorrhage.

In this disorder, either the activity of the formation of red corpuscles from albumen is diminished (when we have, in the majority of cases, *oligocythæmia* and then *hyperalbuminosis* and *serous plethora*), or the formation of albumen itself is diminished (whence results hyp-albuminosis and hydremia).

Since the analogies between the blood of pregnant women and the constitution of that fluid in chlorosis were first noticed by Kiwisch* and Cazeaux†, their views have been confirmed by Scanzoni, the author, and others, who therefore hold that the manifold functional disorders of pregnancy are to be considered, not as the indication of a hyperemia or true plethora, but rather as the effect of a hydremia or serous plethora. Consequently, general blood-lettings in pregnancy are resorted to by the author only in extreme cases, and very rarely. He seeks rather to combat the poverty of the blood, which often lies at the base of the neuroses of pregnancy, by a strengthening diet, the preparations of iron, chalybeate waters, etc., with which the best results are obtained.

Chlorosis not only occurs very frequently among women dwelling in large cities, but is also not rarely observed in the stoutest country women during pregnancy. I have enjoyed the opportunity of instituting comparisons with a view to determining whether those women who had been in the habit of being bled in previous pregnancies, or in consequence of the prejudices of their country even oftener, suffer any harm from the interruption of these customary depletions, and I have been led to the conviction that such interruption exerts, on the contrary, the most favorable influence upon the duration of the pregnancy, on the healthful appearance of the mother, on the development of the fœtus, on the normal and rapid progress of the labor, and on childbed. That cerebral apoplexy is not to be feared in consequence, is sufficiently proved by the fact that under this method, out of ten thousand patients not more than one succumbs to the disease in question, a more favorable result than that offered by the

*Kiwisch; Die Geburtskunde. Erlangen. 1851. II Abth. T. 48.
†Scanzoni; Lehrbuch d. Geburtsh. 1853. § 293.
‡Spaeth; Wiener Med. Wochenschrift. 1854. No. 49.
§ Clinik der Geburtsh. etc. § 213.
‖ Carpentier; Rev. Med. Chir. Mal, 1854.

*Kiwisch. Die Geburtskunde. Erlangen, 1851, Abth. II, § 51.
† Cazeaux. Gaz. des Hôpit., 1850. Nr. 30.

records of profuse depletion. The increase in white corpuscles (called by Virchow leukemia) which takes place in pregnancy at the same time with the increase in fibrin, indicates the path by which the manifold functional irregularities of this period are to find their more complete explanation, and which, judiciously explored, will lead the investigator to valuable discoveries.

Until quite recently it was the fashion to ascribe many of the phenomena of pregnancy, such as headache, giddiness, flushing of the face, transient heat of the entire body, fainting, increased heat of the head, as well as a general appearance of fullness, to a true plethora (polyemia), and to identify it with an increase in the fibrin of the blood (relative hyperinosis), or in the red corpuscles (relative polycythemia). But we are as yet without demonstration of an actual superfluity of blood. We only know that if the blood, aside from the condition of pregnancy is normally very rich in blood-corpuscles and albumen, while this fact does not properly constitute disease, it may readily lead to it.

Clinical observations, and chemical and microscopical examination of the blood of both healthy and sick women, made during pregnancy, do not declare in favor of a true plethora, but rather indicate that the nervous symptoms, flushing of the face, dyspnœa, etc., occur when the composition of the blood is either normal or oligæmic, as above described, and that they usually depend upon passive congestions or determination of the blood in a particular direction.

Both the enlargement of the pregnant uterus, and the consequent displacement and compression of the viscera of the thoracic and abdominal cavities, afford a manifest cause for stagnation of the blood, which may be perceptibly increased by the sequelæ of previous disorders, improper clothing, etc.

Stagnation is not, however, any more than true hyperemia, a morbid state necessarily connected with pregnancy, nor have these phenomena any other signification during this condition than out of it. They should, therefore, be treated simply according to general therapeutical principles.

The Dropsies of Pregnancy.

The dropsical or serous constitution of the blood is characterized by the facts that the latter contains too great a quantity of serum, as compared with healthy blood, and that it occurs only as a secondary condition. We may, therefore, readily refer it to its immediate causes, such as diseases of the heart, spleen, liver, kidney, or to mechanical obstructions to the circulation existing in the pregnant uterus.

This *serosity* is distinguished from true hydremia (the hyp-albuminosis of Vogel and an-albuminosis of Heller) in this; that the latter can only be predicated when in like quantities of serum a greater amount of water is found in the diseased than in the healthy specimen, in other words, when the albuminous constituents of the blood sink manifestly below the normal standard (Virchow).

The dropsies of pregnancy very often depend upon diseases of the kidney, generally a diffuse nephritis, making its appearance as acute or chronic Bright's disease, and having as its most-to-be-dreaded symptom and result, uræmic eclampsia. Considering puerperal eclampsia as identical with the uremia of Bright's disease, we have already spoken in detail of this variety of dropsy.

Dropsies dependent upon organic abnormities of the heart, valvular insufficiency, stenosis and pericardial adhesions, are not usually objectively recognizable with distinctness by their auscultatory signs. They sometimes result in abundant serous collections in areolar tissue, in the cavity of the abdomen, and in ovarian dropsy, so that in some cases the greatest danger of suffocation may be caused. This may threaten the patient before the invasion of labor, or premature labor may occur spontaneously, and death may ensue from paralysis of the heart a short time subsequently. Diseases of the heart and aneurism of the aorta, without dropsical effusion, are also extremely dangerous during the action of vigorous pains, as paralysis of the heart is, unfortunately, not of unfrequent occurrence in consequence of these affections, if obstetric interference be neglected.

In the diagnosis of diseases of the heart, respect must be had to the fact that in pregnancy displacements of the point of the heart, and even cardiac murmurs usually occur, unconnected with any pathological alteration of the texture of the organ.

An important form of dropsy also appears in pregnancy, which is complicated with a moderate enlargement of the spleen, and has been denominated, by Virchow, leukemia.

On examining a drop of blood under the microscope, we find, in this condition, the quantity of colorless corpuscles increased by from a

sixth to a half of their normal number. The dropsies which make their appearance during the first half of pregnancy, without albuminuria, and without appreciable pathological alteration of any of the internal organs, belong to this class. And those, even, which occur during the second half of pregnancy, in the shape of œdema of the lower extremities, of the labia, and so on, may often be attributed to the same cause.

It has been attempted to explain these latter simply by the obstruction to the circulation, caused by the pressure of the pregnant uterus upon the pelvic veins, but it is evident that another cause must be sought, because œdema is as often absent as present during pregnancy, and because it is often not observed in the first, while it occurs in a very severe form in later pregnancies. These dropsies, without material or well-defined visceral disease, have the same origin as the œdematous infiltrations which occur in chlorosis. On the development of the fœtus they exert a most prejudicial influence, especially if they make their appearance during the earlier months, leading, in not rare instances, to spontaneous premature labor.

The œdematous swelling of the labia may attain the size of the fist, and is then very painful, impeding locomotion, even at times rendering it impossible. It frequently occurs by itself, and may be associated with ascites, anasarca or dropsy of the amnion.

Granular liver (interstitial inflammation of the liver) is very rarely the cause of ascites occurring during pregnancy. I have never yet been able to verify such a condition in a puerperal woman.

The dropsies which depend upon hydræmia, serous plethora, and leukæmia, usually disappear with the first week of childbed, under the favorable influence of the alterations which then take place in the state of the blood. But where the dropsy is of considerable extent, the labor is characterized by inefficient pains, sluggish progress, and often very dangerous hemorrhages.

The infiltrated labia and perineum rupture, notwithstanding the greatest care, and gangrenous ulcerations sometimes result. During the pregnancy, no effective treatment can be instituted for œdema of the external genitals beyond rest, the application of aromatic fomentations, or of dry warmth, the use of an aromatic herb cushion, attention to cleanliness, and the employment of mild laxatives. Superficial punctures with the lancet, it is true, permit the fluid to ooze out and so diminish the tumefaction rapidly, but they do not prevent its accumulating again just as rapidly. Scarification of the genitals during pregnancy, should not, indeed, be undertaken, save after a conscientious exercise of the judgment, as it not infrequently induces premature labor.

The prognosis is unfavorable in proportion to the duration of the dropsy, as it usually continues as long as the pregnancy; but it terminates in recovery during childbed much oftener than in chronic disease or death. The medicinal treatment must be regulated by the cause of the dropsy.

In the more severe forms which are complicated with the danger of death by suffocation, the artificial induction of labor offers, relatively speaking, the most favorable results; and if the recovery of the mother can be accomplished in no other way, it affords the only means of saving the life of the child as well.

In those cases where the danger to the mother appears to have reached an extreme point before the seventh month, * Kiwisch considers the induction of abortion to be justifiable, inasmuch as under the circumstances there is no ground to hope for the preservation of the fœtus in any case, while for the mother may thus sometimes be procured an essential amelioration of her sufferings, if not, as † I have myself had the good fortune to witness, a complete restoration to health.

ON NELATON'S METHOD OF RESUSCITATION FROM CHLOROFORM NARCOSIS.

[Read at the Forty-second Annual Meeting of the British Medical Association, held in Norwich, August, 1874.]

BY J. MARION SIMS, M. D.,

Surgeon to the Woman's Hospital of the State of New York, etc.

Dr. Charles James Campbell, the distinguished accoucheur of Paris, has recently written two papers on anæsthesia in obstetrics,‡ in which he ably sustains the views long taught by Nélaton, that death from chloroform is due

* Kiwisch, Die Geburtsk, II Abth. § 44.

† Trientiner Jahresbericht, 1851. In Scanzoni's Beitrag. II Bd.

‡ 1. Mémoire sur l'Anesthésie Obstétricale; 2. Etude sur la Tolérance Anesthésique Obstetricale, par le Dr. Charles James Campbell, Ancien Interne de la Maternité de Paris, Ancien Chef de Clinique Obstetricale de la Faculté de Paris. G. Masson. 1874.

to syncope or cerebral anæmia. And amongst other strong arguments to prove his position, he gave a graphic description of a case of chloroform narcosis, which occurred in my practice in Paris, where M. Nélaton, by his method, unquestionably saved the life of the patient. She was young, beautiful, and accomplished, and belonged to one of the oldest and best families in France. Married at twenty, she gave birth to her first child a year afterwards. The head was enormous (hydrocephalic), impacted in the pelvis nearly twenty-four hours, and the delivery of a dead child was ultimately accomplished with instruments. Dr. Bouchacour, of Lyons, was called in consultation, and applied the forceps. In a week afterwards the urine began to dribble away, and in a fortnight an immense slough was thrown off. The case, surgically considered, was one of the most interesting I ever saw, and the operation was one of the most difficult I ever performed on any one in her station of life. The base of the bladder was destroyed, and the fundus fell through the fistulous opening; it was therefore inverted, and protruded between the labia majora as a herniary mass of the size of an apricot, its external covering being the internal or lining membrane of the bladder, which was of a deep vermillion red color. The vaginal portion of the cervix uteri and the posterior cul-de-sac were destroyed; and by the reparative process the cervix and the posterior wall of the vagina were blended into one common cicatricial mass, which was firm, inelastic, and immovable. The case appeared desperate, and M. Nélaton had pronounced it incurable. A preparatory operation was necessary, viz., to open the cervix uteri, by dissecting it from the posterior wall of the vagina, and thus to reconstitute the canal of the vagina up to the canal of the cervix; and by a subsequent operation, to draw forward the flap thus formed, secure it to the neck of the bladder anteriorly, and thereby close the fistula.. The first, or preparatory operation, was performed at the country house of the family, near Dijon, on November 3d, 1861, Dr. Dugast, of Dijon, assisting, and giving chloroform. The second, or operation for the radical cure, was performed on the 19th of the month, at St. Germain, about an hour's distance from Paris by rail. M. Nélaton, Dr. Campbell, Dr. Beylard, Dr. Johnston, and Mr., now Dr., Alan Herbert, were present. I seldom give an anæsthetic in private practice for operation on the walls of the vagina, as the pain is generally not sufficient to call for it. But in this case, as the slightest touch was unbearable, an anæsthetic was indispensable. Dr. Campbell was selected by the family, as well as by M. Nélaton and myself, to administer the chloroform, especially as he was in the daily habit of giving it in his large obstetrical practice, and we all had entire confidence in his caution, skill and judgment. The patient was soon anæsthetized. The operation was begun at 10 A.M., and I thought it would require about an hour to finish it.

Many years ago I imbibed the convictions of my countrymen against chloroform in general surgery, and have always used ether in preference, never feeling the least dread of danger from it under any circumstances. It is otherwise with chloroform, and in this particular case I felt the greatest anxiety, frequently stopping during the operation to ask Dr. Campbell if all was going on well with the patient. At the end of forty minutes the sutures (twelve or thirteen) were all placed, and ready to be secured, and I was secretly congratulating myself that the operation would be finished in a few minutes more, when all at once I discovered an unusual bluish livid appearance of the vagina, as if the blood were stagnant, and I called Dr. Johnston's attention to it. As this lividity seemed to increase, I felt rather uneasy about it, and I asked Dr. Campbell if all was right with the pulse. He replied, "All right, go on." Scarcely were these words uttered, when he suddenly cried out, "Stop! stop! No pulse, no breathing;" and, looking to M. Nélaton, he said, "Tête en bas, n'est-ce pas?" Nélaton replied, "Certainly; there is nothing else to do." Immediately the body was inverted, the head hanging down, while the heels were raised high in the air by Dr. Johnston, the legs resting one on each of his shoulders. Dr. Campbell supported the thorax. Mr. Herbert was sent to an adjoining room for a spoon, with the handle of which the jaws were held open, and I handed M. Nélaton a tenaculum, which he hooked into the tongue, and gave in charge to Mr. Herbert; while to Dr. Beylard was assigned the duty of making efforts at artificial respiration, by pressure alternately on the thorax and abdomen. M. Nélaton ordered and overlooked every movement, while I stood aloof and watched the proceedings with, of course, the most intense anxiety. They held the patient in this inverted position for a long time

before there was any manifestation of returning life. Dr. Campbell, in his report, says it was fifteen minutes, and that it seemed an age. My notes of the case, written a few hours afterwards, make it twenty minutes. Be this as it may, the time was so long that I thought it useless to make any further efforts, and said, "Gentlemen, she is certainly dead, and you might as well let her alone." But the great and good Nélaton never lost hope, and by his quiet, cool, brave manner, he seemed to infuse his spirit into his aids. At last there was a feeble inspiration, and after a long time another, and by and by another; and then the breathing became pretty regular, and Dr. Campbell said, "The pulse returns, thank God; she will soon be all right again." Dr. Beylard, who always sees the cheerful side of everything in life, was disposed to laugh at the fear I manifested for the safety of our patient. I must confess that never before or since have I felt such a grave responsibility. When the pulse and respiration were well re-established, M. Nélaton ordered the patient to be laid on the table. This was done gently. But what was our horror, when, at the moment the body was placed horizontally the pulse and breathing instantly ceased. Quick as thought the body was again inverted, the head downward and the feet over Dr. Johnston's shoulders, and the same manœuvres as before were put into execution. Dr. Campbell thinks it did not take such a long time to re-establish the action of the lungs and heart as in the first instance. It may have lacked a few seconds of the time, but it seemed to me to be quite as long, for the same tedious, painful, protracted, and anxious efforts were made as before, and she seemed, if possible, more dead than before; but, thanks to the brave men who had her in charge, feeble signs of returning life eventually made their appearance. Respiration was at first irregular, and at long intervals; soon it became more regular, and the pulse could then be counted, but it was very feeble, and would intermit. I began again to be hopeful, and even dared to think that at last there was an end of this dreadful suspense, when they laid her horizontally on the table again, saying, "She is all right this time." To witness two such painful scenes of danger to a young and valuable life, and to experience such agony of anxiety, produced a tension of heart, and mind, and soul that cannot be imagined. What, then, must have been our dismay, our feeling of despair, when, incredible as it may seem, the moment the body was laid in the horizontal position again the respiration ceased a third time, the pulse was gone, and she looked the perfect picture of death? Then I gave up all for lost; for I thought that the blood was so poisoned, so charged with chloroform, that it was no longer able to sustain life. But Nélaton, and Campbell, and Johnston, and Beylard, and Herbert, by a consentaneous effort, quickly inverted the body a third time, thus throwing all the blood possible to the brain, and again they began their efforts at artificial respiration. It seemed to me that she would never breathe again; but at last there was a spasmodic gasp, and, after a long while, there was another effort at inspiration; and, after another long interval, there was a third; they were "far between;" then we watched, and waited, and wondered if there would ever be a fourth; at length it came, and more profoundly, and there was a long yawn, and the respiration became tolerably regular. Soon Dr. Beylard says, "I feel the pulse again, but it is very weak." Nélaton, after some moments, ejaculates, "The color of the tongue and lips is more natural." Campbell says, "The vomiting is favorable: see, she moves her hands; she is pushing against me." But I was by no means sure that these movements were not merely signs of the last death struggle; and so I expressed myself. Presently, Dr. Johnston said, "See here, doctor; see how she kicks; she is coming round again;" and very soon they all said, "She is safe at last." I replied, "For heaven's sake, keep her safe; I beg you not to put her on the table again till she is conscious." This was the first and only suggestion I made during all these anxious moments, and it was acted upon; for she was held in the vertical position till she, in a manner, recovered semi-consciousness, opened her eyes, looked wildly around, and asked what was the matter. She was then, and not till then, laid on the table, and all present felt quite as solemn and as thankful as I did; and we all in turn grasped Nélaton's hand, and thanked him for having saved the life of this lovely woman.

In a few minutes more the operation was finished, but, of course, without chloroform. The sutures were quickly assorted and separately twisted, and the patient put to bed; and on the eighth day thereafter I had the happiness to remove the sutures, in the presence of

M. Nélaton, and to show him the success of the operation.

I have detailed the circumstances of this interesting case at great length, because I believe it goes as far to establish a principle of treatment as any one case ever did, or possibly can.

If the recovery had been complete and perfect with the first effort at reversing the body, there might have been a doubt whether the vertical position was really the cause of resuscitation; but when the horizontal position was again and again followed by a cessation of all evidence of life, and when life was again re-established by a position that favored only the gravitation of the blood (poisoned as it was) to the brain, the inference is very clear that death in such cases is due to syncope or cerebral anæmia. Exhaust the brain of blood in any way, and death follows. Fill it speedily with blood again, and life returns.

I have another case to relate, which goes far to establish the principle of treatment in chloroform narcosis, so forcibly illustrated by the case at St. Germain.

In January, 1873, I amputated the cervix uteri at the Woman's Hospital, drew the vaginal tissue over the stump, and secured it by silver sutures. The junior house surgeon gave the anæsthetic. When the operation was nearly finished, he cried out, "The patient has stopped breathing," and immediately added, "She has no pulse." As before stated, I always use ether as an anæsthetic, and could not realize the fact that my patient was in any danger whatever till I was told that they were giving her a mixture of chloroform and ether (one part to four), which some of the surgeons had been using a few days previously. On examining the patient, I found her, as it were, dead; there was not the slightest muscular rigidity; the arms and head fell by their own gravity in any way they were directed; the neck was as limber as if it were a mere band of soft linen stretching from the head to the trunk; there was not the least sign of breathing or of the pulse; she was, to all intents and purposes, dead; and I believe she would certainly have remained so if she had been left alone; and I doubt very much whether she could possibly have been resuscitated by any other method than that of Nélaton's.

I quickly inverted the body, and had it held thus; and then I shook the thorax, agitating the head laterally, so as to add an impetus to the movement of the blood, which, with the body in this vertical position, would naturally gravitate toward the brain; the jaws were held asunder, and the tongue hooked with a tenaculum, and pulled forward; in a few minutes the breathing was re-established, and then the pulse returned; and soon the patient was placed again on the table in the lateral semi-prone position in which all my operations on the uterus are performed; and the operation was finished, but without any more of the anæsthetic.

These two cases comprise my personal experience with Nélaton's method in chloroform narcosis.

The New Orleans *Medical and Surgical Journal*, for November, 1873, says: "In the course of an extended experience in the administration of chloroform, it has happened three times to Dr. M. Schuppert, that, to all appearances, the narcotized subject died, that is, respiration ceased, the heart stopped beating, and muscular contractility became extinct. The method he adopted for resuscitating these patients consisted in reversing the body, either by hanging them up by the feet, or laying them over a bed or table, so that the greater part of the body with the head hung down. In that position artificial respiration was also tried. In one case five minutes elapsed before there was a natural inhalation. All of them recovered. Dr. Schuppert believes that in cases of death from chloroform the primary cause of the cessation of the respiration and circulation rests in anæmia of the brain, and not in impregnation of the blood with carbonic acid."

Another American authority, Dr. E. L. Holmes (Chicago *Medical Journal*, September, 1868), says that whenever there is any failure of the heart's action, as is nearly always the case, the body should be laid at an angle of 40°, with the head downwards, so as to favor the passage of arterialized blood to the brain.

I take it for granted that Dr. Schuppert and Dr. Holmes must have obtained their knowledge of this method of resuscitation either directly or indirectly from the teachings of Nélaton; for he had for years been in the habit of explaining his method in his lectures and at his cliniques, and Dr. Johnston published an account of it in the American papers in 1861. Ten years ago there was a story prevalent in Paris, that M. Nélaton had derived the hint of reversing the body in chloroform poisoning from a discovery accidentally made by his little son, then some seven or eight years old; that

the little boy had killed some mice with chloroform; that, without thought or reason, he had taken up a dead mouse by the tail, and was twirling it round, when, to his surprise, it began to manifest signs of life, and recovered entirely, while the mice left lying were dead; and that the great surgeon was thus taught a great lesson, if not by babes and sucklings, at least by a little boy. This is a very pretty story as it is, and it seems a pity to spoil it. A few days ago, when in Paris, I called to see young Nélaton (who is now a student of medicine, and will graduate next year), and I asked him for the facts of the mouse story. He said that when they lived on the Quai Voltaire the house was infested with mice; that great numbers were caught in traps almost daily; that he was in the habit of killing them with chloroform by covering the trap with a napkin and pouring the chloroform on it; and that his only idea was that of an easy death for the mice. One day, when he had given a happy despatch to some mice, his father accidentally came into the room, and, seeing the dead mice, he told his son if he would take up one by the tail, and hold it with the head downward, that it would revive, while the others would not. He did this, and found it was true. And he told me that he had, when a boy, performed the same experiment on mice some forty or fifty times or more, and always with the same unvarying result. He says that he has often heard his father speak, not only of the case that occurred at St. Germain, but of other cases that he had saved in the same way, before the time of the mouse story, which dates back to 1857 or 1858.

As the facts now laid before you fully explain themselves, it is unnecessary for me to indulge in any lengthened remarks on the subject. In my own country, the accoucheurs often use chloroform, and the surgeons mostly use ether. I believe there has not as yet been a single death from chloroform given during labor; while deaths from it in general surgery occur constantly, and for unimportant operations. There must be a reason for this. I believe that it can be explained only on the theory that death from chloroform is, as a rule, due to syncope or cerebral anæmia. Now, we know that in active labor there can be no cerebral anæmia, for every pain throws the blood violently to the head, producing fullness and congestion of the blood-vessels, thereby counteracting the tendency of the chloroform to produce a contrary condition. It may be said that the recumbent position has some influence in determining the safety of chloroform in labor; and so it has, but it gives no immunity under other circumstances. Chloroform, given intermittingly, as in labor, is thought to be less dangerous; but patients in labor are often kept for hours under its influence with safety, and occasionally it is necessary to produce complete and profound narcosis in some obstetrical operations; and yet I believe I can safely reiterate what I have already said, that no woman has as yet died in labor from the effects of this anæsthetic. In puerperal convulsions, where the brain is believed to be overcharged with blood, and that, too, when the blood is known to be poisoned with urea, we formerly bled the patient, and we do so now sometimes, but our chief remedy is chloroform, which acts by arresting spasmodic movements, and by producing that very state of cerebral anæmia so necessary to a successful result. Whether puerperal convulsions are less frequent in labors under chloroform than in those without it, I do not know.

I believe that obstetricians may take a lesson from Nélaton's method of resuscitation, by adopting it in cases of threatened death from *post-partum* hemorrhage. Let us not be satisfied with simply placing the head low; but let us, in addition to the means usually adopted, invert the body, and throw what little blood there is left in it wholly to the brain. I have never seen a death from uterine hemorrhage; but from recollections of the few alarming cases I have witnessed, I now feel sure that recovery might have been hastened if I had known of and adopted Nélaton's method of inversion.

Whether death from chloroform is due to cerebral anæmia or not, it is at least safe to adopt Nélaton's method in all cases of supposed or threatened danger; but I think the safest plan is to relinquish the use of chloroform altogether, except in obstetrics. The frequent cases of death from the use of chloroform in surgical operations, that have occurred among us, even of late, should warn us to give up this dangerous agent, if we can find another that is as efficient, and, at the same time, free from danger. Ether fulfills the indications to a remarkable degree; but, while it is safe, it is unfortunately unpleasant to the physician and bystanders, as well as to the patient. He who will give us an anæsthetic as pleasant to take as

chloroform and as safe as ether, will confer the greatest boon upon science and humanity.

SOME HINTS ON THE RATIONAL TREATMENT OF STAMMERING AND STUTTERING.

BY J. SOLIS COHEN, M. D.,

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At various periods during a number of years past, the writer has had his attention drawn to the treatment of stammering and stuttering.

The unfortunate subjects of these defects of speech usually fall into the hands of more or less presumptive empirics, some of whom are elocutionists; some, "fellow sufferers"; and some of them peripatetic charlatans, who profess to cure by means of various secret methods.

Few regular physicians turn their attention to this subject in this country. In Great Britain, and on the Continent of Europe, there are a few institutions under the charge of competent professional men, where the defects are treated in a scientific manner, and with a satisfactory amount of success. In such establishments, where cases are present in numbers, they can receive that amount of attention which would be very much more expensive if devoted upon individual cases.

The best method of treatment is essentially a prescribed system of rhythmic respiratory and vocal gymnastics; not absolute in each case, but modified to meet special requirements. About six months are required, on an average, to secure a permanently satisfactory result.

It is not as generally recognized as it should be, that stammering and stuttering are different affections. The former consists in a more or less constant impediment to the enunciation of certain (variable) speech sounds, principally consonants; the latter in a frequently repeated enunciation of certain (variable) sounds during speech, and accompanied by a certain amount of muscular contraction. Both may be hereditary, and both are frequently the vicious result of imitation in the first instance, the habit becoming confirmed by the consciousness of the liability to the defect on the slightest emotion.

The defect often disappears entirely during singing or declamation. These exercises are rhythmic, and it is to a recognition of this circumstance that the method of cure indicated has been established.

Many of the tricks communicated by empirics and charlatans, are also rhythmical in their nature, and they are tolerably successful in slight cases; several remarkable examples of cure, which were effected in this manner, having fallen under the notice of the writer from time to time.

In confirmed cases, these tricks almost invariably fail; yet even here, in cases of highly susceptible individuals, they are occasionally successful, mainly, doubtless, in consequence of a strong mental impression made upon the sufferer.

Stuttering frequently disappears for the time in whispering, and in speaking in an unnatural pitch of tone. These facts have been taken advantage of in the treatment of the affection to inspire confidence in the patient that it is not impossible to conquer his defect; and the inspiration of this confidence is not without its effect in the success of a rational method of treatment. It suffices at once to show that there is no anatomical malformation, congenital or acquired, which needs surgical operation or mechanical control; views which were at one time held in prominent quarters, and which gave origin to the institution of various unnecessary surgical procedures, and the use of certain ineffective mechanical appliances.

It is true that some stutterers are affected with certain diseases—of the nervous and circulatory systems more especially; and when this is the case the usual remedial agencies are necessary, and may, in an indirect manner, influence the cure of the special disorder. The patient may have enlarged tonsils, elongated uvula, an affection of the larynx, or of the pharynx, nares, or mouth, the existence of which may complicate the case; and these affections are also to be combated, mostly by surgical interference. But in a large number of cases there is no disease other than that brought about by the depressed mental condition of the sufferer, and which, according to circumstances, may act injuriously on the nervous, respiratory, circulatory, or muscular system. In most instances the defect will be found to be in great part mental, and to consist chiefly in a want of consentaneous action of the involuntary muscles of respiration, and the voluntary muscles of vocalization and of articulation. Here lies one of the chief indications of treatment; to secure a voluntary harmony of action between lungs, larynx, and mouth (including palate, tongue, jaw, and lips).

When a stutterer is carefully examined in the utterances of those sounds in the enunciation of which his deficiency exists, it will often be found that some portions of the organs concerned in speech are too active or too inactive proportionately to the activity of the remaining organs; and this may exist in the chest, the larynx, the palate, the tongue, the jaw, or the lips. One or several of these organs may be in defective action simultaneously.

Irregular respiration is to be overcome by voluntary efforts at rhythmical respiration at the will of the teacher, being regulated by some movement which the patient may see and follow, or some sound which falls upon his ear at stated regular intervals. In similar manner, gymnastic exercises of the tongue, lips, jaw and larynx are instituted, either with or without the enunciation of sounds, as the case may seem to require, or as may best suit the condition of the patient for the time being. Finally, exercises in reading and in speaking are made to suit the special defect which is being combated. Thus, words and sentences are arranged in which the defective sounds recur with more or less frequency, and at more or less regular intervals; and these are repeated more or less slowly at first, and afterwards with more or less rapidity, and in varying rhythm. In this manner the patient is gradually educated to bring the defective movements under voluntary control; and as he progresses in the cure, his voluntary movements gradually become individually unconscious, like the fingering of the instrumental musician; and in this way he becomes rid of his defect.

This scheme forms the basis of the treatment alluded to, and has met with more permanent success than any one of the thousand and one special cures which, though frequently temporarily successful, leave the unfortunate subject as bad off as before, if not worse, as soon as the novelty of the trick has worn off. It is founded on rational principles, applied by those who have mastered the physics of normal speech, who are intelligent enough to detect the defect in a given instance, and have mechanical genius or knack enough to institute a series of exercises which shall bring into regular play those muscles which are inactive, spasmodically active, or active in excess.

The best period for instituting a cure is as early a date as is compatible with proper co-operation on the part of the patient; an age at which he is conscious of his defect, and willing to work to get rid of it; say, on the average, from twelve to fifteen years of age. Adults are often more difficult to cure than young persons; though, sometimes, their force of will enables them to accomplish more in a shorter time. The management of the case requires a good deal of patience, on the part of scholar and teacher, or patient and physician, as the case may be.

Young children should not be scolded by parents or attendants for stammering or stuttering, as this is much more likely to confirm the habit than to alleviate it. They should be treated the more tenderly on account of their infirmity.

Medical Societies.

THE TRI-STATES MEDICAL ASSOCIATION.

This society held its annual meeting at Port Jervis on the 2d inst. The association is composed of physicians, as its title would indicate, the representatives of three States, viz.: New York, Pennsylvania, and New Jersey. The late gathering, as usually happens, was fully attended. The meeting in the present instance, as likewise ordinarily occurs, was an instructive and interesting one to members. After calling the roll, Drs. W. B. Eager and B. Pillsbury, of Middletown, were elected permanent members, and Drs. G. A. Emory, of Middletown, and J. L. Whitaker, of Unionville, were received as honorary members of the association. Following, the subjoined were elected officers for the ensuing year: President, Avery Cook, of Otisville; Vice-President, I. S. Hunt, of Port Jervis; Corresponding Secretary, W. W. Appley, of Cochecton; Recording Secretary, D. H. Decker, of Monticello; Treasurer, George B. Curtis, of Hawley, Pennsylvania.

On motion, the President, Dr. B. G. McCabe, of Middletown, delivered the annual address. The subject chosen was, "The Physician as an Investigator." It was an admirably written, sound and practical production. It elicited a vote of thanks and request that a copy of it be furnished for publication. Pending the reception of such copy for our columns, in this connection, we publish the following remarks of Dr. J. H. Thompson, of Goshen, in regard to it, from which an idea of its character and merit may be formed. He said substantially:—

Mr. President:—I apprehend that it is unnecessary for the success of the motion that I should make any remarks in its advocacy. Under the circumstances, I am naturally restrained from expressing myself freely in regard to it, save in respect to its general tenor and senti-

ment. In this regard I do not hesitate to say it meets my most unqualified and hearty concurrence, endorsement and commendation. I congratulate you, Mr. President, in having struck, in my judgment, in many notable passages of the address with which you have favored us, the very key-note to which should be attuned every professional harp. Its erudite and salutary lessons should stimulate us to improvement, should awaken in us an enthusiasm to become wiser, that we may be better physicians. In a word, if appropriately heeded, the spirit of this suggestive address should operate upon our hearts on this occasion as a coal of living fire from the altar of medicine, inspiring us to cultivate our profession with renewed zeal and assiduity. Science is ever on the advance, making new conquests, reaping fresh harvests; and that professional man does not do justice to himself or to his patients who, on any excuse, neglects to avail himself of all the knowledge within his reach. Nay, more, is morally culpable who does not contribute something of his own resources and experience to the general fund of medical knowledge. It may well be questioned, sir, whether the time spent at medical society meetings, generally, in discussing the ethical relations of the profession, would not be far better devoted to other objects, to the extension of medical science and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community. In no way, it is my conviction, can the elevation of professional character and the protection of individual interests be secured but by the practical recognition in the community at large of the scientific requirements of medicine. The true physician is actuated by the single philanthropic desire to be useful. It is this desire that prompts him to use all means at his command to advance pathological knowledge, and with it the welfare of afflicted humanity. The most successful way, in my opinion, for the suppression of quackery in the community, is by the promotion of sound medical knowledge. As Professor Meigs pertinently remarked on one occasion, "Not by exposing its criminal falsifications can you make quackery impossible, but rather by casting the strong light of science upon the doubtful and obscure paths in medicine." Only under the influence of this light can the mercenary impostors who cajole the public and make the practice of physic a mockery and a byword be driven away, as the mists of night before the coming dawn. In the cultivation of medical science lies the true and only strength of the votaries of medicine. By cultivating science we give to medicine exactitude. By giving to the healing art exactness we place it upon an elevated platform. We isolate at once this goodly tree from the horde of pretenders who so long have carried on their nefarious schemes under the benign influence of its widely spreading branches.

The subsequent portion of the time of the meeting was devoted to the discussion of practical medicine and surgery, and the narration of cases of instructive interest in the experience of members. This feature of the meetings renders attendance always at this society's convocations especially profitable to the practitioner.

Dr. W. L. Appley, who is recognized as the father of the association, took occasion to contrast the benefits of society connection with the Tri-States Association with that of the Orange County Medical Society, in the particular indicated. He remarked that in attending the annual meeting of the latter in June last, instead of discussing matters directly related to professional advantage and improvement, the time was almost exclusively occupied in arraigning and berating members of the profession, and those, too, not of their own society.

The special subjects of noteworthy interest considered were the different methods of treatment of fractures and the use of stimulants in disease. As to the former the summation of opinion seemed to be that no given plan or method of resort could be adopted that would of itself secure complete success; but rather a favorable result depended most upon the intelligent judgment and skill of the surgeon in the practical application of instruments and apparatus.

In respect to the use of stimulants, Drs. Eager, Van Etten, and McCabe took strong affirmative ground against their general and indiscriminate employment. The first named physician inveighed feelingly against their use upon moral grounds. He related two cases that had come under his experience and observation, of a gentleman in one instance and a lady in the other, who had been made confirmed inebriates by the administration of alcoholic spirits upon a medical prescription. He stated that he treated typhoid fever successfully without stimulants, and quoted the experience of a hospital physician who had made extensive experiments on this class of diseases. A certain number were treated with stimulants, the same number with other remedies, and an equal number with simple nursing and no medicine. Of the cases treated with medicine and without stimulants, an average of ten per cent. better results were obtained; while those treated without medicine at all were still more successful.

The details of interesting cases in practice were presented by Drs. Decker, Pillsbury, Bradner, and others. They involved features of especial professional instructiveness, but we regret that our space will not allow at this time publication of them. With mutual congratulations over the good time enjoyed, the association adjourned to meet again at Port Jervis on the first Wednesday in June next.

ESCULAPIUS.

Birth of Triplets after Ovariotomy

In the *Medical Times and Gazette*, Dr. Spencer Wells publishes a letter, just received, announcing the delivery of a lady of triplets, six years after he had performed ovariotomy upon her. There were three distinct placentas.

Editorial Department.

Periscope.

On Excision of Cancer of the Breast by Scissor-cutting Under Ether Spray.

Dr. Benjamin W. Richardson writes, on this subject, in *The Lancet*, as follows:—

At this moment, when the dangers of general anæsthesia are so anxiously felt by the profession, the following clinical facts may prove of value. A lady, fifty years of age, consulted me in April last respecting a tumor in the left breast. The tumor had been present, and had at times been painful, for a considerable period, but, as it remained of small size, she did not consider it of importance until this year, when it began steadily to increase in size. The nature of the tumor was sufficiently clear. It was a hard scirrhus, of the size of a small hen's egg, loosely held in the gland, with no adhesions to the muscular structure beneath. The family history of the patient confirmed the diagnosis; her mother had suffered from scirrhus of the breast. The diagnosis left no doubt respecting the proper mode of treatment. There could be no hesitation in advising that the abnormal growth, while it was yet easily movable and removable, should be excised, and to this advice the patient gave a willing assent. But now the question of the administration of an anæsthetic came under consideration. The action of the heart of this lady was so intermittent and irregular, and the power of her heart was so reduced, that the slightest external impression influenced it in its motion. She belonged, in a word, to that population which is prone to die suddenly from chloroform and the other narcotic vapors. Under these circumstances I proposed to the patient that the tumor should be excised under local anæsthesia; and, that the failure of the process, if failure should follow the recommendation, might fall upon me entirely, I performed the operation myself.

I operated on the 8th of May last, in the following manner. The patient having been placed in a semi-recumbent position on a narrow couch, I directed Mr. W. Perkins, who very efficiently conducted the local anæsthesia, to direct gently over the tumor a large spray of common ether, so as to chill thoroughly, but not to freeze the skin. I let him maintain this for a period of five minutes. Then I handed to him another tube and bottle for spraying over the already chilled part the light fluid called anæsthetic ether, a compound of ether of sp. gr. ·720 with hydride of amyl. A few moments' application of this lighter ether was sufficient to render the whole of the breast frozen like a hard snowball. For a minute longer, that the deeper structures might become equally chilled, the spray was continued. When the structures were thus prepared, instead of using a scalpel for cutting, as in the ordinary way, I made the required incisions through the skin with a pair of small, strong, sharp, slightly-curved scissors. Commencing the incision by an angular cut at the outer margin of the part to be excised, I carried the lower blade of the scissors deeply into the breast, with the edge of the blade everted. In this way I cut the lower flap; then, commencing at the same angle, I cut in the same manner the upper flap. The rapidity and ease with which these incisions through the hardened tissues were made struck me most favorably. The incisions were deep enough to enable me to grasp the tumor firmly with the left hand. I now laid down the ordinary sharp cutting scissors, and with a pair of strong, slightly curved, tooth-edged scissors, I proceeded to cut on each side of the tumor until I could fairly lift it up; then, by a few strokes made with the same scissors underneath, I cleared it completely away. The operation lasted precisely three minutes, and was unattended, during the whole time, by the escape of blood. The diseased mass removed, I had the ether spray withdrawn, in order to see if any vessels would bleed during reaction from the freezing. There was a little oozing of blood, which quickly subsided, and one artery was tied, both ends of the ligature being cut off close to the vessel. The wound, carefully cleaned with a soft, damp sponge, was closed; the edges of it were secured with five sutures; a pledget of cotton-wool, charged with styptic colloid, was placed over the wound; and a lint-pad and firm bandage completed the dressing. The patient passed a good night after the operation. She was allowed to rise and go into the drawing-room on the following day; and as she exhibited no rise of temperature beyond 99° Fahr., and that only for a few hours, and suffered from not one untoward symptom, the dressing was left untouched until the 13th of May, when, on removing it the wound was found healed throughout its entire extent. The sutures were removed a few days later, when the line of incision was found fairly closed, without a particle of discharge or interruption of healing at any point.

During the whole of the operation the patient did not utter a single expression of pain, and I may here add her description of what she felt of the operation. The description was taken down by Dr. Platt, who rendered me his most able assistance, from the patient, immediately after the operation, and it is repeated in her own words: "During the application of the ether spray the local feeling was that of gradually becoming cold, as in frosty weather, just as when the hands go numbed, but there was

actual pain. Felt pressure when the scissors went into the tumor, and experienced a kind of jar, but did not feel anything like an incision, and, in fact, was not aware when the incisions were made. Felt nothing of the next part of the operation, but when the tumor was held up and divided by three long cuts, experienced a feeling, not of pain, but as if the parts were put on the stretch or dragged; did not feel the tying of the ligature, but when some small substance (a bit of loose fatty tissue) was cut off, felt again as if the parts were being stretched. When the sutures were introduced, felt the pressure whilst the flaps were being held together, but was unconscious of the prick of the needle."

In all respects this operation was, as an operation, completely successful, and one other success followed it I did not expect. As the recovery from the excision progressed, the irregular action of the heart became less marked, and ultimately disappeared altogether. In the month of July this lady called upon me, and was found to be restored to perfect health.

Soon after the recovery of the patient named above, another lady came under my care, who was suffering from a scirrhous tumor, situated a little above the right breast, towards the axilla. This tumor, as a small mass about the size of a hazel-nut, had been present for several years without undergoing change, but recently, upon the occurrence of a slight blow from a fall, it had commenced rapidly to increase in size. It was now a firm and well-defined scirrhus, of the size of a pullet's egg; it moved with moderate freedom beneath the skin, but not without conveying a suspicion, which afterwards proved to be correct, that it was attached to the pectoral muscle. Over the centre of the tumor there was retraction of the skin, and the nipple was slightly retracted towards it. The glands in the axilla were free.

The diagnosis in this instance was sufficiently clear, and the practice of immediate removal of the tumor seemed to me positive. But again the question of the administration of chloroform or of some other anæsthetic vapor pressed for careful consideration. The patient had been declared by one of her medical friends to be suffering from disease of the heart, and had been urged by him in the most forcible terms not to subject herself to general anæsthesia. Another medical friend, in less determinate but still serious expression of opinion, gave her similar advice. She herself had read of the danger she heard described, and her anxious dread alone was all but sufficient to preclude the administration of any narcotic vapor. On examination of the heart, I found an exceeding feebleness of action, an irregular and often intermittent beat, and at the apex a soft systolic murmur. I suggested, under these circumstances, the removal of the scirrhous tumor under ether spray, and on June 23d, again very ably assisted by Dr. Platt, I performed the operation. The steps of the operation were much the same as those described in the previous history. For a few minutes an ether of a specific gravity of 1035 was sprayed over the breast, then the light anæsthetic ether was used until all the part was completely solidified. This condition attained, I made the incisions with sharp cutting scissors, separated the tumor by a few lateral divisions with the same scissors, and then raising it, cut it out from its deep connections by means of the curved tooth-edged cutting scissors. The growth in this instance was firmly attached to the pectoral muscle over a space the size of a florin, but I found no greater difficulty than a little delay in separating it, together with a layer of connective tissue, from its attachment.

So far the operation was actually bloodless. I waited a brief period before closing the wound for perfect reaction to occur, and for observing if there were any hemorrhage. With the reaction one small artery yielded blood, but the bleeding was instantly and effectually stopped by torsion. The edges of the wound were brought together with five silk sutures, and the styptic colloid dressing, with cotton wool, a soft pad and bandage, was applied.

This patient, like the last, bore the operation perfectly. She felt no pain from the incisions, and although the deep dissection which was required to remove the tumor from its attachment was felt as a severe drag or pull, it gave rise to no evidence of acute pain. The act of sponging the wound, and the insertion of one of the sutures, caused momentary expression of pain, but, on the whole, she was throughout brave, perfectly collected, and as quiet as if she had been asleep. This patient, like the previous one, progressed so favorably that she was allowed to get up every day. On the fourth day after the operation, as she complained of the pressure of the pad, I removed the dressing, and found the wound freshly healed throughout its entire length, without a trace of suppuration. In this act, however, a little misfortune occurred. A portion of the cotton wool adhered firmly, through the styptic colloid, to a loose end of the upper suture, and, while I was extricating the wool, an accidental movement of the patient caused the ligature to tear out of the upper lip of the newly-joined skin. From this slight point there flowed as much as a drachm and a half to two drachms of bright red, very thin blood. I stopped this bleeding, not very readily, by firm pressure with styptic wool; but a little further bleeding took place during the day, beneath the compress, and into the subcutaneous tissue, and gave rise to a superficial sore about the size of a sixpence. On the eighth day after the operation the patient was able to go out of doors, and, but for the slow healing of the small sore whence the hemorrhage proceeded at the first dressing of the wound, recovery rapidly succeeded.

One other fact closely connecting this with the preceding case is worthy of particular notice. As this second patient began to rally from the operation, the distressing cardiac symptoms entirely passed away, the stroke of the heart improved in tone, the irritability

ceased, and the faint murmur became imperceptible.

The facts recorded call for one or two brief comments.

The effect of the local anæsthesia.—It is certain that in both these cases the local method afforded everything that could be desired in the way of anæsthesia. It saved all acute pain; it saved the patient the dread of death during the insensibility from a general anæsthetic, and it enabled me to proceed in our task without a thought as to the immediate safety of the patient. I may say more for it still. It warranted me in recommending the operation. I should certainly not have advised any friend of mine, whose heart was in the same condition of irritability and irregular nervous supply, to inhale an anæsthetic vapor, to the fatal effects of which such conditions of the circulation are so favorable. Applying then this same rule to a patient, who in putting his life into my hands makes his life for the time mine, I should consider it actually wrong to recommend a risk I would not myself accept. But, taking advantage of the local method, I had no occasion to suggest a danger of any kind, while I secured my patients the benefits of anæsthesia. I saved them the dread of death from the effects of a general anæsthetic; I saved them possibly the symptoms of after-vomiting and faintness; and I saved myself and my colleagues during the operation the anxiety that ever attends the administration of a general anæsthetic to persons in whom disease of the heart is foreknown.

The method of cutting with scissors.—Local anæsthesia has many disadvantages. It is more troublesome than general anæsthesia as a detail of practice, and, as it leaves the consciousness alive, it fails at times in preventing the fears of the patient. But hitherto the greatest difficulty in operating under it has been the obstacle of cutting through the hard, frozen, insensible part. The resistance to incision by the best cutting knife, and especially to dissection by the knife, is such that I have seen the most skillful surgeons troubled by it; and I have never been able to complain of the objection that has been made to the method on this ground. The difficulty is now overcome by the process of scissor-cutting which I have here introduced. The advantage of the scissors over the scalpel will be at once proved by any one who will take a thick, firm structure, the cover of a book, for example, and try to cut through it. With the best of scalpels he will be troubled; but with scissor blades he will cut with the utmost facility, if the blades be well set. So, in cutting through the frozen animal tissue, the parts can be divided as rapidly as may be wished with the scissor blades, with perfect accuracy of incision, and as deeply as may be desired. The cutting is also made without any downward pressure, by which pain of pressure is saved. Also in deep dissection, the tissues, frozen as they are exposed, can be divided more easily than by the knife; for the harder they are solidified, the easier they are divided by the scissor blades. In a word, I believe that every cutting operation, in which local anæsthesia is practicable, may be performed neatly and effectively by scissor-cutting, and that a much larger number of operations may now be painlessly carried out under the local method.

Some little attention requires to be paid to the instruments used. The scissors for superficial or skin cutting should be exquisitely sharp, neat, and strong; and I prefer them slightly curved. For deep cutting, where there are many blood vessels, the tooth-edged cutters are valuable. These pierce, crush, and divide at the same time, and they save blood. For other purposes, as for division of a sinus, some modifications are required, and Messrs. Krohne and Sesemann are now making for me a case of instruments for the special purpose of operation on the method under consideration.

Effect of the operation on the heart in the cases related.—No fact is more instructive in the history of the patients recorded in this paper, than the beneficial effect produced on the functions of the heart by the operation. In both instances the cardiac irregularity and irritability were purely due to irregular nervous supply, to nervous irritation and consequent muscular exhaustion. The irritation might have been in part due to the mental anxiety which naturally accompanies the disease, or it might have been due to the irritation of the tumor, and have been reflex in character. Whichever view be correct, the result of the operation was curative, and, as the cases are typical of a class of phenomena of disease, the lesson they teach is extended far beyond them as individual illustrations. They show that so soon as the heart obtains rest from the persistent nervous thrill that invades it, its muscular tone returns, and its irregular motion and excitability cease. Thus by operating early for the removal of cancer, the surgeon acts as physician also, and prolongs the general life by removing the local disease. I am convinced I have seen patients suffering of cancer die from the mental and local irritation of the disease long before any development of the malady has advanced to kill by destruction of the part or organ involved. I infer, therefore, that if, without any danger to life from general anæsthesia, we can remove external malignant growths painlessly and promptly, so soon indeed as they are detected, we shall bring art, effectively, to the defeat even of cancer.

Oat Meal Farina as a Food for Infants.

MM. Beaumetz and Hardy recommend very highly the use of oat-meal farina in the feeding of young children. According to these gentlemen, this farina resembles human milk most closely in its plastic and respiratory elements, and contains, in addition, iron and phosphates. It has, besides, the property of preventing or arresting diarrhœa, which so frequently occurs in young children. Some infants of four to eleven months, who were fed upon this farina, were found to grow equally well with those who were nourished by the milk of a good nurse.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPT. 26, 1874.

D. G. BRINTON, M.D., Editor.

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PUBLIC SANITARY MEASURES.

In all of our large cities the people justly demand that every means should be taken to promote cleanliness, both of the streets and of the people themselves. Recently, Philadelphia, in common with the rest of the country, suffered from the excessive drouth. Many years ago the rapid and wonderful growth of our city being foreseen by those in high places, efforts were made to provide for that prime necessity of life and health, a full supply of pure water. The success of these measures is evidenced by the pitiful wail from our Chief Engineer of the Water Department, and by a compulsory edict forbidding the use of the water for washing our pavements, and cautioning all against the waste of water in any form.

How long before we shall be visited in our houses and peremptorily forbidden to bathe, though paying all that the Department can possibly collect, we cannot say. Bathing, especially in a large city, is a prime necessity, and is rarely overdone. We trust, therefore, that the domiciliary visits of our worthy police may long be postponed.

But, while the present emergency may be some excuse for care in the use of water, yet when, by reason of copious rain-falls, the water supply was ample, we regret to say that bathing was almost completely, if not entirely interdicted to all save those who enjoyed the use of a bath-room in connection with their homes.

One public effort was made to provide public bath-houses, but the matter was speedily allowed to sink into neglect, and has now disappeared from public view. Nor would it appear that in this respect the great city of London has been much better off. For until recently the wants of that immense metropolis seem to have been but poorly met.

It was only in May last that one of our cotemporaries had the opportunity of congratulating the lovers of health upon the near prospect of improvement in this respect.

The London *Medical Times and Gazette* says:—

"We are glad to be able to chronicle that one of the many wants of London is in a fair way of being satisfied. On Saturday last the iron hull, intended for a large bath, to be moored in the river off Charing-cross Pier, was launched from the slips on which it was built, in the Thames Ship-building Company's yard.

"This bath is the first of several about to be constructed for the Floating Swimming-baths Company. It is one hundred and seventy-seven feet long by thirty-eight feet wide, and has a bathing area of one hundred and thirty-five by twenty-five feet. The water varying in depth from three to seven feet. At one end of the bath Perrett's patent filtering apparatus will be fitted, provided with pumping machinery capable of passing one thousand gallons of water per minute into the bath, and thereby insuring a constant change of clean water. The question of filtering the water supplied for bathing has occupied the attention of the Company for some time, and the present arrangements have only been adopted after several trials carried out by mooring a vessel with the apparatus now selected on board over the very spot where one of the baths will subsequently be stationed, in order that samples of the water might be obtained under every condition of tide and weather.

"The bath will be covered by a handsome superstructure of iron and glass, enlarged into a dome toward either end, under which fountains will be placed delivering the fresh filtered water into the bath. The bath now launched, after being completed in its internal fitments, will be moored in the recess of the Victoria embankment, on the west side of the Charing-cross bridge, access being obtained to it by means of the landing stage at present in use there. These floating baths have been for many years in use on the Seine, in Paris, where we believe they pay remarkably well, and there would appear to be no reason why the speculation should be a failure in this country.

"From a sanitary point of view, their establishment and continuance is of vast importance. The baths at present in existence, for a great city like London, are too few, and not always of the best description, but if the present Company meets with the success it deserves, it will be possible to have a refreshing swim, without danger, in the purified tide-way of a rapid river like the Thames, which, of itself, will be highly conducive to the health of that hard-working portion of the community who have neither time nor money to spend at the legitimate bathing place, the seaside."

Cannot companies for a like purpose be formed in all our large cities, and thus contribute largely to the improvement of the health, strength, and even wealth of the people?

The paucity of the water supply brings very broadly to our view the beauties of surface drainage. In every direction may be seen filthy gutters, filled with stagnant water, giving forth, under the heat of the sun, to the thirsty air, an abundance of seeds which only require an appropriate soil in which to ripen into a rich harvest of typhoid and other fevers. Thanks to the supineness of the contractors, the health officers, *et id omnium genera*, no effort is made to remove these deposits, and the only hope that is left is, that in due time a deluge of rain may cleanse the streets once more.

We are glad to know that at the recent meeting of the American Medical Association this subject of drainage was quite thoroughly discussed by the Section on State Medicine and Public Hygiene, and we earnestly hope that this ventilation of the subject will lead to good results in every quarter.

Notes and Comments.

Sal-Ammoniac as a Febrifuge and Sedative.

L'Union Médicale refers to a series of cases communicated to the Société de Thérapeutique by M. Martineau, which tend to show the value of sal-ammoniac in acute rheumatism. Some cases are said to have been cured, and in others the pulse and temperature decreased after the medicine. Dr. Lapeyrère, in *La France Médicale*, gives some further notes on the subject. He states that Delioux de Savignac found daily doses of half a gramme too feeble, and gave from four to ten grammes. He carried the quantity per diem to fifteen grammes in divided doses, for the relief of nervous headache. Dr. Barillen, of Toulon, in the *Bulletin de Thérapeutique*, has related many cases cured by three doses of one gramme each, given at intervals of half an hour. Some English physicians have used the drug successfully in nervous affections,

Delioux de Savignac has used it both externally and internally in gout as well as acute rheumatism, and says it diminishes both pain and fever. It may be dissolved in any of the waters of the pharmacopœia. Its trial is advised in doses of five, ten, and fifteen grains.

Therapeutic Value of Veratrum Viride.

In a paper read before the Medical Society of the State of Tennessee, April, 1874, by Dr. Thomas Liscombe, he considers morphine and tincture veratrum viride, given alternately, to be the sine qua non for peritonitis, whether puerperal or non-puerperal. He begins with tinct. verat. vir., gtts. vj, and repeats it every three hours, increasing the dose one gtt. each time unless sickness of stomach or subsidence of fever should result, thereby indicating that a further increase of the veratrum was not required.

He further says that the veratrum is unequaled as a therapeutic agent in all the phlegmasia, with their accompanying fevers. More especially is this the case in pneumonia, pleuropneumonia, and pleuritis.

Antidotes to Poisoning by Strychnine.

Professor Ranieri Bellini, after conducting a long series of experiments on poisoning by strychnia and its salts, arrives at the opinion that the best antidotes are tannic acid and tannin, chlorine, and the tinctures of iodine and bromine. Chlorine, he maintains, attacks the strychnia even when it is diffused through the system; for he found that in rabbits poisoned with the sulphate of the alkaloid, on being made to inhale chlorine gas in such quantity as was not sufficient in itself to kill, the convulsions were retarded, and were milder when they occurred; death was also less rapid. The author further observed, that when strychnia was exhibited with pyrogallic acid, the convulsions were retarded for the space of half an hour, in comparison with other experiments in which the alkaloid was given by itself. Professor Bellini believes that this arrest in symptoms is not dependent on the acid acting chemically on the strychnia, but only through the astringent effects produced by the acid on the mucous membrane of the stomach, whereby the absorption of the poison is rendered difficult. The same author, dwelling on the frog-test for strychnia, asserts that this test is not to be trusted, inasmuch as other poisons produce the tetanic symptoms, although in a less degree. He adds, in speaking of the effects of the antidotes to which reference has been made, that he trusts his results will have a bearing, not only on the treatment of strychnia tetanus, but on traumatic and idiopathic tetanic disease.

Improved Mucilage.

Ordinary mucilage, made from gum Arabic, does not fix paper to wood or pasteboard, or to metallic surfaces. These disadvantages are overcome by adding a solution of sulphate of aluminum, made up in ten times its quantity of water. Ten grains of aluminum sulphate are sufficient for 250 grains of mucilage. Prepared in this way it will not become mouldy. Again, according to Hirschberg, a few drops of strong sulphuric acid are added to the gum solution, and the precipitated sulphate of lime allowed to settle. Solutions prepared in this way a year and a half ago have neither become mouldy nor lost their adhesive power.—*Boston Journal of Chemistry.*

Curious Actinic Discovery.

The *Photographic News*, of London, says that Dr. H. Vogel has lately made a singular and interesting discovery in actino-chemistry; namely, that the non-actinic rays may, under certain circumstances, be made actinic. He has found that bodies which absorb the yellow ray of the spectrum make bromide of silver sensitive to the yellow rays. In like manner, bodies which absorb the red ray of the spectrum make bromide of silver sensitive to the red rays. For example, the addition of *corallin*—which absorbs the yellow ray—to a bromide of silver film renders it as sensitive to the yellow ray as to the blue ray. The discovery is one which will doubtless prove to have important practical bearings.

External Application of Chloral.

Apropos of this subject, to which we have elsewhere referred, M. Martineau states in *L'Union Pharmaceutique*, that he has derived great advantage from the topical employment of solutions of chloral. In the bed-sores of typhoid fever he uses an aqueous solution of the strength of one per cent., first washing the sore well, and then covering it with lint soaked in this liquid. He says its effect is remarkable: the sloughing, atonic region taking on a healthy aspect, granulating, discharging less, and proceeding rapidly to a cure. When there is offensive suppuration he used a mixture of chloral and eucalyptus.

Sound Doctrine.

The following from Dr. Barclay is worth making a note of:—"In the present day it has become too much the fashion to decry the powers of remedies when their influence is obscure or their mode of action unintelligible. To a certain extent my sympathies go with the movement, because I have long felt that the evidence on which the rules of practice are based is extremely defective. In some instances a theory is propounded which has never been brought to the test of a logical proof; in other cases the merest empiricism guides our treatment, having no basis either of pathological or physiological causation to justify its adoption; more than all, the enumeration of a certain number of successful cases is supposed to be sufficient proof of the advantage of a certain method of treatment, when they neither satisfy the numerical nor the inductive method of arriving at truth. At the same time I do hold to the belief that medicine rightly used has a power to counteract the events and processes of disease, and it should be the aim of every physician to ascertain, so far as he can, what powers medicinal agents possess of this kind, and what processes are injurious and may be counteracted with benefit to the patient."

Correspondence.

Belladonna vs. Opium.

Ed. Med. and Surg. Reporter:—

I find the following case among my notes, that may prove of some value to the readers of your invaluable Reporter, and aid in establishing the merits of belladonna as an antidote against opium and its alkaloid, morphia.

On the 5th day of March, 1870, at about four o'clock in the morning, a messenger called at my office, requesting me to go with him and see, in consultation with a neighboring physician, Mr. G. W. R., a young student, about twenty years of age, recently brought from Muhlenburg College, Allentown, and who was then suffering with neuralgia of the bowels, mistaken for colic at the time.

He was treated with large doses of sulphate of morphia, for the relief of pain, the day and night preceding my visit. I found him in a fit, which soon gave way to stertorous breathing and profound coma; there was also more or less foaming at the mouth. The ordinary respirations were about three or four per minute, and the pulse very slow, and almost imperceptible.

The face was of a purplish hue, and the whole body bathed in perspiration. The extremities were cold, and the pupils were contracted to the size of a pin's head.

He could not be aroused by shouting in his ears, nor by violent shaking, nor did flagellation, and walking him about the room supported by two assistants, and the use of cold douches, have any effect whatever in eliciting the slightest indication of consciousness.

I learned that the first symptoms which alarmed the family occurred about an hour before my arrival, when a little brother of the patient noticed spasmodic twitchings of the face, and becoming alarmed immediately sprang from the room to an adjoining room, where his parents lay, and told them that his brother was "making faces" at him and he would not remain with him any longer. They at once repaired to his room and found him in a convulsion, which did not subside until a short time after my arrival. Having no stomach pump at hand, and also no fluid ext. belladonna, I attempted to give him an emetic of mustard and water, but the patient's jaws were clenched, and no effort of ours succeeded in opening his mouth, which remained closed for three successive days; failing in this attempt, I immediately sent for fluid ext. belladonna, and at the same time had two assistants take the patient out doors in the open air, and administer a thorough flagellation, also cold douches to the head and face: but all this had no apparent effect, as stated before, to produce consciousness. By the time the latter treatment was sufficiently experimented with, the messenger arrived with the belladonna, when I immediately injected thirty drops of it, hypodermically, into the arm, and also injected a tablespoonful of spirits terebinthinæ, in emulsion of eggs, per rectum.

I then applied ice-water cloths to the head and sponged the face with ice water; also put his hands and feet in hot mustard water.

In about forty minutes the pupils began to dilate, and at the same time the pulse became more perceptible, and the respiration slightly improved. He remained in this condition for about an hour, when a relapse of all the unfavorable symptoms occurred, to such a degree that I feared death would be an immediate and inevitable result. But always acting on the principle that "where there is life there is hope," I resorted to another hypodermic injection, increasing the quantity to a teaspoonful, which acted like a charm, causing a marked improvement in all the symptoms, and rescuing my apparently doomed patient from an untimely grave.

The patient gradually improved from time to time, but was not restored to complete consciousness until several days after the symptoms of poisoning set in. I am happy to state that he recovered his health completely in about a month afterwards, and was soon able to resume his studies, and has since enjoyed perfect health. I ascertained afterward that the patient took about two grains of the sulphate of morphia in divided doses, within a space of two hours preceding the attack. This is the third case of poisoning by opium in which I have used belladonna as an antidote, and consider it the

best and most effectual I have ever tried." I think the above case proves conclusively that belladonna can be relied upon with the utmost safety as a sure antidote against opium.

Yours very respectfully,

GEO. W. SEIP, M. D.

Stroudsburg, Pa., Sep. 9th, 1874.

NEWS AND MISCELLANY.

Corrections.

The types make queer changes sometimes.

Thus the article of Dr. T. Curtis Smith should be "cases," though it really was "cures" of chorea.

Dr. Keyser is made to resume his clinical "studies:" we wrote "duties." We hope he is still a student, clinically and every other way.

We ask the indulgence of our readers for these and all our numerous peccadilloes. We hope they will agree "not guilty, but don't do it again."—ED.

The New Hospital of the University of Pennsylvania.

This building, located at Thirty-fourth and Spruce streets, is now open for the reception of patients, and the trustees give notice that all persons sustaining accidents will be admitted to the institution at all hours, without previous application, but in all other cases applications for admission must be made at twelve M. on each day, save Sunday. The new building is thus described:—

This fine hospital lies due south of the University building, being situated on a plot of ground six acres in area, given to the University by the city, and in return for which the trustees have agreed to maintain in the building fifty free beds for the use of the sick poor of the community. Toward the erection of this hospital the State Legislature contributed $200,000, and private subscriptions have swelled the amount to nearly $500,000.

The institution now comprises a central building and pavilion, costing about $200 000. Five more pavilions are planned, and will be erected, each at an outlay of nearly $100,000. The central building fronts on Spruce street, its greatest width being 88 feet 6 inches, and its depth 130 feet 6 inches. The pavilion erected, contains on the basement floor the dispensary, waiting and private rooms, and on the upper floors, wards for the sick. All the appointments of the hospital are modern, and when the entire structure is completed it will be rivaled by no other in the world.

The general style of the buildings is of the same character and in harmony with the building for the collegiate and scientific departments completed two years ago, and of the hall of the medical department now building, to be finished we hope speedily.

The material of the basement of the entire building is Leiperville gray stone, with a capping of Hummelstown brown stone. The front of the buildings, and the sides, as far as the corridor above the basement, are faced with serpentine stone, with Amherst and Massillon, Ohio, stone dressings. The remainder of the building, on the sides and rear, on account of economy and greater dryness, is built of brick, with hollow walls. The dressings are of Ohio stone. A broad flight of granite steps, flanked by balustrades and pedestals of Ohio and brown stone, leads to the principal entrance.

The interior of the building is handsomely finished, and the precaution has been taken to make the building fire-proof by means of stairways of slate and iron, fire-proof corridors and floors laid with slate tile. The interior window sills are also of slate. The building also contains every convenience in the shape of gas, water, bath rooms, diet ranges, separate rooms for parties, etc.

Duties of United States Officers with Reference to Quarantine and the Public Health.

TREASURY DEPARTMENT, September 8th, 1874.

In the absence of uniformity in the regulations of quarantine upon the Atlantic and Gulf Coasts, it is desirable that the several officers specifically placed under the direction of the Treasury Department by the subjoined Section of The Revised Statutes of the United States inform themselves fully as to the local health-laws and the regulations based thereon and in force at their respective ports and stations, and strict compliance with such laws and prompt assistance in the enforcement of the same, when directed by competent authority, are hereby enjoined, in accordance with the provisions of the following:—

"SECTION 4792 The quarantines and other restraints established by the health-laws of any State, respecting any vessels arriving in, or bound to, any port or district thereof, shall be duly observed by

The officers of the customs revenue of the United States, by

The masters and crews of the several revenue cutters, and by

The military officers commanding in any fort or station upon the sea-coast; and all such officers of the United States shall faithfully aid in the execution of such quarantines and health-laws, according to their respective powers, and within their respective precincts, and as they shall be directed, from time to time, by the Secretary of the Treasury." * * * * [*The Revised Statutes of the United States, p.* 890.].

Officers of the Customs Revenue are referred, in this connection, to Articles 294–295. *General Regulations under the Customs and Navigation Laws of the United States*, 1874, and are requested to bring the same to the notice of the proper local health authorities, attracting attention especially to the second and third paragraphs of Article 294.

Officers in command of vessels of the Revenue

Marine are instructed that Article 904 of said *Regulations* is held to include communication with infected vessels as well as ports; and, in order to render more efficient assistance to local authorities in the enforcement of quarantine laws as therein directed, will take the necessary steps to advise such authorities of these instructions.

The cöoperation of the military forces will be applied for only after exhausting the other powers and authorities herein mentioned; such application to be made to this Department, with a full statement of the facts for the information of the Honorable the Secretary of War.

Medical officers of the U. S. Marine Hospital Service will govern their official action in consonance with this circular and the law as above cited; and will at all times assist as freely as practicable, not only other officers of the Government, but the quarantine authorities, in the protection of the public health against the introduction of contagious diseases. In furtherance of this end they are instructed to communicate to the Supervising Surgeon, from time to time, such information and suggestions as will enable that officer to frame needful regulations and to take intelligent action in cases of emergency.

B. H. Bristow,
Secretary of the Treasury.

Department, No. 90, 1874.

Office of the Supervising Surgeon,
U. S. Marine Hospital Service,
Treasury Department,
September 9th, 1874.

Sir:—I am instructed by the honorable the Secretary of the Treasury to submit for your consideration the accompanying copy of Circular No. 90, relating to the Duties of U. S. Officers with reference to Quarantine and the Public Health, and to solicit from you such information and suggestions touching the subject-matter thereof as may conduce to the greatest efficiency and harmony of action between State and municipal health authorities on the one hand, and the officers of the National Government upon the other.

To prevent, so far as his official action in this connection may prevent, the interruption of commercial intercourse, with the consequent stagnation of business and loss of revenue which uniformly result from the access of an epidemic of contagious disease, is, obviously, the object of the Circular of the honorable the Secretary, charged, as he is, with the protection and improvement of the financial and commercial interests of the country.

The intimate correlation of these interests to the sanitary interests of the people, with the conservation of which you are charged, renders direct and intelligent coöperation between the agents of these interests of the first importance. Whatever information and suggestions to this end it may be in your power to furnish, are therefore desired, and will be made the basis of specific instructions and action whenever practicable.

Copies of your health laws and regulations, State, municipal, and port; of instructions to port physicians, pilots, boarding officers, and others; of descriptions of quarantine establishments, and of kindred published data, would be of immediate value, and may be forwarded direct to this Office.

I have the honor to be,
Sir, your obedient servant,
Jno. M. Woodworth,
Supervising Surgeon U. S. M. H. S.

Returned.

Dr. D. G. Brinton, Editor of the Reporter, returned last week from a brief visit to Europe and will continue to devote his attention, as heretofore, to the interests of the Journal.

Dr. R. J. Levis has also returned from a visit to the principal medical centres of the Old World.

QUERIES AND REPLIES.

Alido, Mercer Co., Ill., Sep. 3d, 1874.

D. G. Brinton, M. D.—Dear Sir:—Will you please give me (through the Reporter) answers to interogatories.

October 16th, 1866, I was called to see a boy seven years old, who had got his knee dislocated. I reduced the dislocation, and the case did well. He now comes with a deformed ankle. Atrophy of the muscles of the leg and the foot has assumed the character of talipes varus.

Is this caused from injury done to the nerves of the leg at the time of the dislocation of the knee; do we have dislocation of the astragalus in talipes varus, either acquired or congenital?

Is there any difference in the treatment of acquired or congenital talipes varus in a boy of seventeen years of age? Yours, etc.,

Geo. Irvin.

Will some of our surgeons answer.—Ed.

A. W. B.—We recommend to you the form known as Queen's Student's Microscope. Price $65.

J. H. Thompson.—Thanks for the report. President's address not received.

MARRIAGES.

Steinriede—Simmons.—By the Rev. Father La Corré, at Oakendale plantation, the bride's residence, Dr. Joseph Steinriede and Miss Anna J. Simmons.

Wilson—Stoddard.—On Tuesday, Sept. 15th, at the residence of the bride's uncle, New London, Iowa, by the Rev. R. King, Dr. G. W. Wilson, of New London, Iowa, and Lute D. Stoddard, of Bustl, Nova Scotia.

Wood—Noble.—In Muncy, Pa., on the 9th inst., by Rev. S. T. Thompson, George G. Wood, M. D., and Jennie E. Noble, all of Muncy.

DEATHS.

Hoffman.—At Bryn Mawr, on Sunday, September 20th, Washington Atlee Hoffman, M. D., aged 30 years, only son of C. J. Hoffman, Esq., of Philadelphia.

Dr. Hoffman was the Port Physician of Philadelphia.

Hutt.—On the 17th, Louise Mary, only child of Dr. Wm. H. and Josephine E. Hutt, aged 9 months and 27 days.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

NOTE ON THE USE OF THE CLOSED LEVER-PESSARY.

BY WILLIAM GOODELL, M. D.

Physician-in-Charge of the Preston Retreat; Clinical Professor of the Diseases of Women and Children, in the University of Pennsylvania, etc.

Take it all in all, the very best pessary yet devised is Hodge's closed lever-pessary, or such a modification of it (Smith's) as I have represented in Vol. xxx, p. 24, of this journal. I find, however, that the majority of practitioners resort to the routine use of that most illogical instrument, the ring-pessary, simply because none of the text-books in their libraries describe the mechanism of the action of the lever-pessary, or the method of its introduction. In ignorance of this fact, the remarks made by me in the above-named issue of this journal were based on the idea that all my readers were more or less familiar with this instrument. Finding myself mistaken, I wish to enlarge upon the subject in words supplemental to those previously written, and this note should, therefore, be read in conjunction with my former article.

As its name indicates, this pessary acts on the principle of a lever. To borrow the words of the lamented inventor, "it operates as a lever in elevating the fundus from its mal-position against the sacrum to its normal position behind the bladder; that portion of the pessary which is posterior to the neck of the organ being the 'short arm,' while all anterior to the neck is the 'long arm,' and the 'fulcrum,' or support, is the posterior surface of the vagina." When properly adjusted, one end of this lever rests upon the anterior wall of the vagina, the other impinges upon the upper part of the posterior wall, behind the cervix. So placed, it is in constant motion, responding to every movement of the diaphragm, and, indeed, to every movement of the body, just as the womb does when in a state of health. For instance: during the act of inspiration, the descending diaphragm crowds down the abdominal viscera upon the bladder, to which are attached the cervix uteri and the anterior wall of the vagina. These organs, therefore, descend. As a result, the lower, or anterior, end of the lever is necessarily pushed down by the descending anterior wall of the vagina on which it rests; while its upper, or posterior, end proportionally rises up, and tilts forward the retroverted or the retroflexed fundus. In expiration the reverse takes place. The pressure is, therefore, not a steady one, but a gentle rocking one, which is the most efficient of all. It is also the one least liable to inflict injury upon the soft parts, because the points of pressure are varying ones. But to attain these ends, the pessary must be mobile, and never so large as to put the vagina on the stretch; otherwise it loses its distinctive action of a lever, and degenerates into an ordinary ring-pessary. It should, further, impinge on the soft parts only, and take no bearing on the solid structures of the pelvis. Here I wish to modify a too-sweeping statement made in my former paper, that its "anterior bar plants itself firmly against the posterior surface of the pubic symphysis, or against the angle formed by the converging rami of the pubic bones.":

True, this is liable to happen when the Hodge pessary is too large, or the curve faulty, or the womb too heavy; and on this account, as well as for others there indicated, I much prefer Smith's modification. But such a firm basis of support was not intended by the inventor, and his pessary always acts best when its lower bar presses upon the soft and yielding anterior wall of the vagina, instead of upon the pubic bones.

Both the Hodge and the Smith pessary have two curves, a small one and a large one, making the instrument resemble somewhat the letter S. But in the latter the small curve is sharper than that of the Hodge pessary, and, on this account, the extremity of its large curve is the one which must *always* be introduced first, and be placed behind the cervix of the womb. This rule generally holds good also with the Hodge pessary, but there are certain exceptions. Thus, if in retroversions or retroflexions the fundus of the womb is too sensitive to stand the greater pressure of the large curve; if the vagina is short and rigid, or the womb not very movable; the Hodge pessary may be reversed, and the small curve placed temporarily behind the cervix, until these difficulties are overcome. This plan may also be tried whenever the cervix does not project into the vagina, but is flush with the posterior vaginal wall; and whenever an anteflexion, an anteversion, or a prolapse of the womb is not relieved by the introduction of the large curve first.

For the guidance of those practitioners who have never used the lever pessary, I subjoin the following general rules:—

1. The uterine, or upper, end must always lodge *behind* the cervix uteri.

2. *Always* in the Smith pessary, and *usually* in the Hodge pessary, the uterine end is the one which has the large curve.

3. The concavity of the large curve must always look toward the anterior wall of the vagina, and the convexity rest upon its posterior wall.

4. When *in situ* the pessary should fit so loosely as to be freely movable, and to admit the finger very easily between its anterior bar and the pubic symphysis.

The introduction of the lever pessary can be readily effected by a practiced hand in any position the woman may assume. But the following method is perhaps the best:—The woman lies on her back across the bed, as near to the edge as possible, and with her knees drawn up. The physician passes the fore- and the middle finger of his left hand just inside the vulva, slightly separates them, and at the same time gently presses the perineum downward. The tips of the fingers of the right hand so hold the pessary that the concavity of its large curve looks toward the woman's left thigh, in other words with the free end of the pessary in a line with the vulval opening. This end of the pessary is now to be slipped in between the fingers of the left hand, and the whole instrument made to enter the vagina by a firm downward pressure on the perineum. When it is wholly within, the guiding fingers of the right hand now turn it half round on its long axis, so as to make the concavity of its large curve look directly upward toward the anterior wall of the vagina. The pessary will now be found quite immovable, and with its upper bar pressing firmly on the front of the cervix. This position gives more or less pain to the woman, and the physician, therefore, hastens to introduce the index finger of his right hand through the loop, or opening of the pessary, and hook down, or press down the upper bar until it slips over the cervix into the *cul de sac* behind. In order to facilitate this last manœuvre, I teach students to tilt the lower bar of the pessary upward with the fingers of the right hand, and depress the upper bar by downward pressure, with the index finger of the left hand. But this is more easily understood by a practical demonstration on the living subject, than by any verbal or written description. Finally, to verify the accuracy of the adjustment, the finger should not be withdrawn from the vagina, until it has felt the cervix projecting through the loop of the pessary.

No properly fitting lever gives any pain; but, like any other pessary, it ought to be occasionally removed, and the vagina examined for abrasions. The most common seat of an abrasion is at the junction of the cervix with the posterior wall of the vagina. For purposes of cleanliness, the patient should be instructed to use a daily vaginal injection of tepid water. She should be told also to report to her physician whenever a sense of uneasiness is felt.

To remove the pessary, the fore-finger is hooked loosely over the lower bar, and traction gently made, at first backward, and afterwards in the direction which the lever will of itself take. It then usually rotates spontaneously on its long axis, and comes out edgewise in the curve of the outlet.

Hospital Reports.

PHILADELPHIA HOSPITAL.

EXTRACT FROM THE SURGICAL CLINIC OF JOHN H. BRINTON, M. D., WEDNESDAY, SEPT. 9TH, 1874.

Internal Hemorrhoids.

* * * * The next case, Gentlemen, to which I will invite your attention, is one of hemorrhoids, or piles, as they are commonly termed. The man's history is the following:—

He is sixty years of age, and has suffered, he says, for thirty years with an enlargement or protrusion from the anus. During the last ten years these tumors have bled, and bled profusely. This aggravated hemorrhage has occurred every three or four weeks, but in the intervals there has always been more or less loss of blood. As a result of this constant drain, his constitution has suffered severely; he is weak and feeble, possesses no energy, and is unable, as he assures me, to earn his living. He has, therefore, sought the shelter of this Institution, in the hope of being cured.

Now before I proceed to the examination and treatment of this case, let me briefly explain to you the causes and pathology of this troublesome affection. In the first place, what are hemorrhoids? The derivation of the term is from the two Greek words Hæma, blood, and Reo, to flow, and signifies, therefore, literally, a flow or flux of blood. But all piles do not bleed; and they have therefore been variously subdivided at different times and by different writers.

In the first place, there is the classification into the "blind piles," hemorrhoides cecæ, and the "open or bleeding" pile, hemorrhoides apertæ, and these are the terms which have been largely employed by the older surgeons. Another classification, and perhaps the more common, is that into internal and external piles, according as the tumor is developed above or within, or below and external to the external sphincter ani muscle. The former, the internal pile, which is often accompanied by bleeding, corresponds with the open pile of the ancient surgeons.

And now let me say a few words relative to the character of a hemorrhoid. Essentially, hemorrhoids depend upon a varicose condition of the veins of the rectum, at all events, in their incipient stages. You know, perhaps, that the lower part of the rectum is supplied with blood through three channels; the superior, middle, and inferior hemorrhoidal arteries. The first named vessel is given off by the inferior mesenteric; the second by the internal iliac, and the last named by the internal pudic arteries. These different hemorrhoidal arteries are accompanied by their respective veins. As a consequence, the blood from the rectum finds its way back into the general circulation through three channels, to wit., the internal iliac, internal pudic, and inferior mesenteric trunks. The latter, as it ascends, pours its blood into the portal vein, and passes through the liver.

You will thus understand, I trust, how it happens that the superior hemorrhoidal vein, a vein of considerable length, destitute of valves, and entering into the composition of the portal system, may at any time be subjected to the general disturbing hepatic influences which tend to produce portal congestion. And you will also see how, such portal congestion having occurred, we may have interference exerted upon the return of the blood from the rectum, through the medium of the superior hemorrhoidal, and its prolongation, the inferior mesenteric veins. This distribution of the rectal veins and arteries will be more clear, if you glance for a moment at this exaggerated diagram in colors, (demonstration made by the lecturer).

Now, Gentlemen, let us suppose that from any cause, whether portal disturbance, the result of liver trouble, or from constipation, and the accumulated fecal pressure upon the rectal veins, or from other causes, these veins should be kept permanently engorged or filled with blood, what would result? Inevitably there would be over-distention of the veins, accompanied at first by thinning and afterwards by hypertrophy of their walls. In other words, these veins would become varicose, and such varicosity would be most marked at their inferior termination, near the anus, where, as you observe in the diagram, the venous trunks inosculate freely, and form lips or pouches. That portion of the varix which forms above the sphincter ani, and which is covered by the mucous membrane of the gut, is known as the internal pile. That which is developed below this muscle, and which has a muco-cutaneous covering, is the external pile.

In its incipient stage, the interior of the dilated or varicose vein is usually patulous, so as to permit the free passage or circulation of blood. In a short time, however, clots form, especially in the external pile. I shall doubtless have frequent occasion to show you how, by an incision of such a hemorrhoid, a clot can be evacuated from the containing cavity. It often, too, happens that these sacs suppurate and discharge their contents, and there are left only those pendulous folds of skin, tabs, as patients call them, which we so frequently observe fringing the external margin of the anus.

I have spoken to you, thus far, of a hemorrhoid as a varicosity or dilatation of a vein. But it may be, and most frequently, indeed, is something more, especially when the affection has been of long duration. For then we find that besides the distention of the walls of the vein, there is also thickening and hypertrophy, and that upon the outside of the venous parietes a thick, projecting velvety growth develops. This is well supplied with small arteries, which bleed freely when examined, and which bleed, too, most copiously, during the evacuation of the patient's bowels. Occasionally this hemorrhage occurs at almost every evacuation; but usually, I think, the bleeding is only severe at intervals of two or three weeks. In the interim

there may be some bleeding, but generally far less in quantity, and often, indeed, sufficient only to constitute a stain.

The external pile inconveniences its possessor by the sense of weight, distention, and irritation which accompany it, and by its tendency to undergo attacks of acute inflammation. It is oftentimes, too, attended by an intolerable pruritus. The internal pile, in addition to most of the above-mentioned inconveniences. is marked also by the bleeding from which it derives one of its synonyms, and which, as I have stated, is not infrequently periodical and prodigious.

With these preliminary remarks, let us proceed to the examination of the patient upon the table. Bearing in mind the long period during which he has labored under this distressing affection, you would naturally expect to find considerable structural lesions. To prepare him for this examination, and for any operation which may be necessary, I have caused his bowels to be freely acted upon by castor oil, followed by the employment of a full injection. He has also been directed to strain over a bucket of hot water, in order to force down the offending growths. Now, as I separate the buttocks, you observe the large size of the hemorrhoidal mass, projecting from above the external sphincter. Mark, if you please, its dark, villous appearance, and its extent of base, embracing almost the entire circumference of the bowel. The surface of the tumor is studded with hemorrhagic points, and, as I press upon the mass, the blood flows freely. Underneath the pile you observe a projecting ring or fullness surrounding the anus. This is caused by a partial prolapse of the lower portion of the rectum, dependent, no doubt, on the long-continued habit of constipation into which the man has fallen; for he states that his bowels are rarely moved twice a week, often, indeed, but three times in two weeks. The removal of the hemorrhoid will doubtless relieve this prolapse.

The case is evidently a bad one, of internal or bleeding piles. Now, how shall I proceed to their cure?

Excision by the knife or scissors is out of the question. Such an attempt would certainly be followed by terrible bleeding. Removal by the ecraseur, or by a platina wire heated to a white heat by the galvano-cautery, are also objectionable, for both of these methods are, at times, apt to be followed by troublesome hemorrhage. So, also, is the destruction of the growth by the actual cautery, after the method of Mr. Henry Smith, of King's College, London.

The method which I adopt in all of these cases of internal piles, and which I confidently recommend to you, is that of ligation. If you follow me closely you will see how this is effected. The patient will now be brought under the influence of ether, and while this is being done, I will draw your attention to the modus operandi of the ligature in these cases. I have here a stout curved needle, with a large eye. This is armed with a strong double ligature, in fact a piece of fishing line, which cannot be broken by any strain my hands can put upon it. With this I intend to traverse the base of the tumor, and I shall then strangulate the mass in segments. It will at once occur to you that this procedure may be productive of great pain to the patient when he shall have emerged from the effects of the ether. Not so, if the ligature be properly applied.

In this diagram the mode of nerve distribution at the anal orifice is correctly represented. It is copied from Mr. Hilton's book on "Rest and Pain." You see here the internal pudic nerve sending a shower of branches from above downward through the thickness of the rectal walls. A little distance above the anus these nerve filaments rest *beneath* the mucous membrane, and they pierce this latter, to be distributed cutaneously on the line at which the mucous and cutaneous surfaces become continuous. This locality you can recognize in the living subject by a whitish line; see, here it is, on our patient.

He is now fully under the anæsthetic, and I proceed to my operation. First of all, I grasp the hemorrhoidal mass with this strong, toothed forceps, draw it strongly downward, and have it so held by my assistant, Dr. Keating. I then take my scalpel and make an incision along the white muco-cutaneous line I have indicated to you. This incision is not deep, but is sufficient to divide the thickness of the mucous membrane, and consequently also the filaments of the pudic nerves just above their emergence. I next pass through a needle with its double ligature, the point entering in the cut I have made, and escaping above the hemorrhoid. I divide the ligature and remove the needle. The respective ends of the two ligatures are then tied, the upper one over the mucous surface of the pile, whilst the lower one falls in the track I have made with my scalpel. I then surround the bases of both included masses with a thread from either ligature, and knot them very tightly. This I do to prevent any bleeding at the point of needle puncture. This series of manœuvres I repeat until the entire mass of the tumor is surrounded; in the patient before you three needles and five ligatures are demanded. You have witnessed how forcibly I tie the thread. Remember, that the more tightly you tie them the more perfect will be the strangulation, the less the danger of hemorrhage, and the more rapid the cure.

The operation is finished, the whole hemorrhoidal growth is strangulated—and you saw how large it was. I then return the mass within the bowel, leaving the free end of the ligatures twisted together and projecting through the anus, in case a possible hemorrhage might render further manipulation desirable, although this is hardly to be anticipated.

For after treatment I direct a one-grain old opium pill, to be repeated in four hours, and afterwards as often as may be necessary to prevent any motion of the bowels. His food will be of a fluid and farinaceous character. The constipation I enforce for seven or eight days, at

the expiration of which time I order a more solid diet, which, in all probability, will be followed by a natural motion and the fall of the ligatures, unless they should separate earlier.

In this manner I trust to conduct this case to a speedy cure, when I hope to bring him before you again. In any event, should complications arise, I will keep you informed. You may think, perhaps, Gentlemen, that I have dwelt at undue length on what you may regard as a little operation. But, believe me, such an operation is by no means a trivial one, especially in private practice. Rest assured that it is only by strict attention to the minor matters of the law that you can expect to reach your great desideratum of success. * * * *

LONG ISLAND COLLEGE HOSPITAL.

SERVICE OF PROF. JARVIS S. WIGHT.

(Reported by Benj. F. Westbrook, House Surgeon.)

A Case of Venereal Sore Treated with a Solution of Sulphate of Quinine.

Peter Clark, æt. twenty-eight years, Irish, a sailor, was admitted to the hospital June 15th. He then had phymosis, with considerable swelling, and several sores could be felt through the prepuce.

On the 18th of June he was circumcised, but the parts did not heal, and by the 1st of July the penis, behind the glans, was entirely surrounded by a phagadenic sore, three-quarters of an inch wide. There was also a small sore at the meatus. On July 1st the entire surface was cauterized with chloride of zinc.

On the 2d of July, no improvement being seen, directions were given to paint the sores twice daily with a solution of quinine, one drachm to four ounces of water, with a sufficient quantity of dilute sulphuric acid to dissolve it. It was dressed with a weak solution of permanganate of potash.

On the 29th of July the sores were almost entirely healed. He was discharged on the 4th of August, well, with the exception of some hyperæmia and a small abrasion at the meatus.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

REPORTED BY J. W. P. BATES, M. D.

Traumatic Cataract.

Dr. Friedenwald presented a patient to the observation of the Association, and remarked: I desire to say a few words concerning traumatic cataract, in explanation of the case I present to you this evening. Traumatic cataract is usually produced by some instrument having penetrated either the cornea or sclerotica, lacerating the lenticular capsule. Sometimes the capsule is ruptured without a solution of continuity in the coats of the eye having occurred, the accident being the result of a contusion. The capsule may also, in rare cases, give way in consequence of greatly increased intra-ocular pressure, as in glaucoma, and we then find opacity of the lens independent of depraved nutrition, to which it is almost invariably due in this disease. Fortunately, in some cases, a very limited lesion of the capsule may be repaired without any injury to the lens ensuing; sometimes leaving a circumscribed opacity at the punctured part; and, in rare instances, the capsule regaining its transparency perfectly. In the great majority of cases, however, the slightest laceration of the capsule will suffice to produce a cataractous degeneration of the lens; in these cases the lenticular substance, exposed to the action of the aqueous humor, imbibes the fluid, becomes opaque and swells; in consequence of this swelling the rent is enlarged, more of the lens is exposed, and finally becomes completely involved.

Traumatic cataract must always be regarded as a very serious injury to the eye, for even when the cataract is absorbed and the clearness of the transmitting media restored, the accommodation is lost and binocular vision seriously interfered with; while in the more unfavorable cases, in consequence of inflammation supervening, the vision may be entirely destroyed. The prognosis varies according to the manner in which it is produced. The consistence of the lens, the age of the individual, and the degree of inflammatory reaction have their weight in making up the prognosis. When the injury is due to a fine needle, for instance, puncturing the capsule, the changes in the lens take place gradually, and there is much less danger to be apprehended than when the injury is produced by a coarser instrument lacerating the capsule extensively; in the latter case the swelling of the lens is more rapidly induced, the iris pressed forward, and the sight may be destroyed either by severe iritis, or by increased intra-ocular pressure. When the accident befalls a young individual, the lens being soft, it becomes readily absorbed, and before the age of puberty, the iris not being very sensitive to pressure from the swollen lens, there will, in many cases, be no inflammatory action at all; and in many others only to a limited degree. It is very imprudent to rely on a hard cataract being absorbed. The changes to be expected in a hard cataract of traumatic origin are, secondary degeneration, calcification, etc., thereby becoming a foreign body of very threatening character. In all cases of traumatic cataract the degree of inflammation resulting is to be taken into consideration in forming the prognosis, and in deciding upon the treatment. When the inflammatory symptoms do not readily subside after the appropriate remedies have been employed, the case will usually terminate disastrously, unless the lens, the cause of the irritation, is removed. In young persons, the lens being soft, surgical interference is not so often required. It is necessary in these cases to keep the pupil well dilated, in order to relieve the iris from the pressure of the swollen lens, and under this

treatment many cases do well; but it is important that they should all be well watched, so that the lens may be promptly removed when its presence threatens destructive inflammation. In the case of a young man, 18 years of age, with congenital cataract, in which I lacerated the capsule very carefully, a violent inflammation ensued, notwithstanding the operation had been preceded some weeks by an iridectomy, an expedient which generally establishes a tolerance to the swelling of the lens. In this case extraction of the lens promptly relieved all difficulty, and the patient recovered very good vision. The case before you was produced by a piece of steel entering the cornea at a point marked by a slight opacity. He received the injury about ten weeks ago. He was attended by the family physician, who, eight weeks since, brought him to me, supposing an operation indicated. On examining I found the lens opaque and very much increased in volume, nearly filling the anterior chamber. He had not suffered the slightest pain up to the time he was brought to me, nor were any symptoms of inflammation perceptible. I took this as a case *not requiring an operation*, and so expressed my opinion to the family physician, who, upon an explanation, coincided with me. But the patient was subsequently taken, without the consent of the family physician, to another ophthalmic surgeon of this city, who stated that an operation was imperative He was afterwards placed in my care, and I present him to you to show you that the cataract has almost entirely disappeared, and that his sight is very satisfactory. The treatment employed was simply the instillation of atropia. Why did I decline to operate? Because I thought that there would be less risk in depending on the absorption of the cataract than attending the operation; besides the advantages to be considered, that he has now a perfect pupil, which probably would have been more or less mutilated had an operation been performed.

Retained Placenta.

Dr. Morris said that he did not believe in any such thing; it results from bad midwifery. The British practice of waiting is faulty. As soon as the child is born, his habit is to cut the cord, hand the child to the nurse, and proceed at once to deliver the placenta by drawing on the cord with one hand, while the nurse presses upon the fundus. After an experience of two thousand cases, his confidence in this mode of procedure is only strengthened. Irregular contractions result from bad midwifery. He has had but one case of hour-glass contraction, and that gave way to steady pressure of the fingers held in shape of a cone. Retained placenta must not be confounded with adherent placenta. Saw once a case of the latter on Gay street. There was great flooding, the cord was off, and the attachment was to the whole periphery. The placenta had to be taken away in fragments. Fourteen months after, saw the same lady with her uterus inverted and lying out on the bed. Made a cone of his fingers, and returned it to its normal position. He does fear delay in the delivery of the placenta, and if it does not come in a few minutes, he uses manual art. Does not think it necessary to wait after the womb has contracted. He may give ergot and wait, if there is hemorrhage. With the hand grasping the fundus and traction on the cord delivery will take place in nineteen times out of twenty, without the introduction of the hand into the womb. He would not leave a patient within ten or fifteen minutes after delivery, on account of the liability to hemorrhage. He has had some dangerous cases in which he has found it necessary to use liq. ferri subsulph.

Dr. Arnold said that in some cases of abortion it is very difficult to remove the placenta. He thought the best plan was to get away as much of it as possible, and trust the rest to the expulsive force of the uterine contractions.

Dr. Wayson spoke of some cases of hour-glass contraction, in which the placenta was retained, which yielded to digital pressure. In one case, he removed the placenta four days after the birth of the child. By traction on the cord and manipulating the fundus delivery is usually easy.

Dr. Reynolds related a case which had been attended by a midwife, and which he saw a week afterwards, and found the placenta still remaining. A large part could not be removed, in consequence of firm contraction. This came away in small pieces, emitting an intolerable stench. Septicæmia resulted, from which the woman gradually recovered under the use of quinine and iron.

Dr. Williams mentioned some cases in which there appeared to be a predisposition to post-partum hemorrhage for one, two, or three hours after delivery. He made it a rule to give ergot in his first attendance on every case, to secure contraction of the uterus and prevent hemorrhage. Ergot also prevents absorption from the uterine cavity. In adherent placenta the child is always still-born.

Dr. Hartman said he made it a practice to grasp the fundus and draw on the cord. He saw a case of contraction of the vagina, in which he used steady pressure of the fingers for an hour before it yielded. He found the placenta in the vagina above the contraction. He does not think it always safe to leave early; he had a case of hemorrhage after firm contraction.

Small-pox.

Dr. Tanneyhill called attention to several cases of small-pox treated antiseptically during the late epidemic. He remarked that it was bold ground to take, but he believed that he had not only prevented pitting, but had actually abated the disease. His attention was called to this mode of treatment by a paper in the *British Medical Journal*, November, 1871, by Mr. Sansom. He treated his cases constitutionally and locally; the principal object being to disin-

fect the patient, so to speak, internally and externally. For internal disinfection the sulphite of sodium was preferred, on account of its becoming possessed of all the properties of free sulphurous acid in its passage through and decomposition in, the system. This is the opinion of Palli, of Milan, who also asserts that large doses cause no inconvenience, and its action is more constant and intense than sulphurous acid. Dr. T. gave fifteen to twenty grains every five hours, at the same time interdicting lemonade and all acidulous drinks, as they would, by decomposing it, destroy all effect of the sulphite. This he continued until the crusts began to fall off, when he substituted bromo-chloralum, five drops ter die, well diluted. The local treatment was prosecuted after the primary fever had subsided, on the principle that we had purely a skin disease to deal with. If the eruption was papular he applied very freely, over the whole body, a liniment, as recommended by Sansom,

R.	Acid. carbolic,	℥j.
	Ol. olivæ,	℥ij.

three times a day, washing off with bromo-chloralum one part, to aqua ten parts, and once a day sponging the surface, using carbolic acid soap. As soon as the papules became vesicles each one was touched with pure carbolic acid, by means of a camel's hair pencil, with the view of preventing them becoming pustules, and thus preventing the suppurative fever. Immediately after touching with the acid the liniment was freely applied and continued, thus preventing the surface of the cauterized vesicles being exposed to the air. Where the patient was strong enough, he was instructed to touch the vesicles himself, but when too prostrate the touching was done by the nurse. The results of these experiments were, in all seven cases, most astonishingly satisfactory. One case, a boy, eight years old, was, during the primary fever, with a pulse of 132 and a temperature of 107°, so delirious that he was tied, to prevent bodily injury. On the fifth day after the touching all the crusts were off, leaving very slight marks and no deep pitting. A gentleman, who had never been vaccinated, had not rested for three nights, but slept soundly after the application of the liniment. Four days after the final touching the crusts came in masses, one and a half inches in diameter. By the treatment the disease was arrested. No suppurative fever ensued in any of the cases (seven in number), and all recovered in half the usual time. Three other cases treated in the usual manner were prostrated by very serious secondary fever, and one of them died. The Doctor is also persuaded that this double disinfecting of the patient prevents, to a great extent, the virulence of the contagion, and lessens its communicability. Morphia, as an anodyne, spts. mindereri, and spts. ether nit., as febrifuges, light diet, good ventilation, constant attention by a faithful and intelligent nurse, and the free use of bromo-chloralum, were availed of in all these cases.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, Md.

Remarks following Prof. A. B. Arnold's Address on Hydrophobia.

BY JNO. J. CALDWELL, M. D.

Mr. President:—The few remarks we shall make, following the exhaustive observations of the learned Professor upon this mysterious and almost unknown disease, will have for their object to call the attention of the society to

1. The terminology;
2. The analogy existing between this and other incubative poisons;
3. To some points of treatment;
4. To refer to a few cases under our own observation.

It would be well if the Professor could adopt another name which would have a better and closer relation to the pathology and symptoms of this malady. As "toxæmia canina vel felina," or the poisonous effects following the bite of rabid dogs or cats.

This poison has its inception, its incubation, and its explosion, or final demonstration, as well as its point or points of election. The same may be said of the bites of venomous serpents or insects, which either act locally or overwhelm the nervous system: also of the poison of small-pox and scarlet fever, which select the surfaces; of puerperal fever, electing the peritoneum; of typhoid poisoning, electing the mucous membrane of the bowels; or spotted fever, electing the meninges of the brain and spinal cord. Thus the poison commonly known as rabies virus, no matter where inserted, elects for its point of explosion the brain, the upper portion of the spinal cord, the muscles of the neck and chest; while strychnine and tetanus choose the spinal axis, leaving the brain free. In hydrophobia the brain, the medulla, and the cervical spine are, in the last stages, more or less hyperæmic; hence the proneness to frequent clonic spasm, and the irritation of light, of sound, of draughts of air, of particles of fluids or solids, upon the muscles of deglutition. Indeed, so hyperæsthetic are these centres that the slightest irritation will produce convulsion. The pathology of this disease is involved in great obscurity; indeed, the same may be said of all incubating poisons acting by reflex forces upon distant centres, in consequence of the extreme minuteness of nerve vesicles, requiring the aid of powerful microscopic observation to witness these minute changes, as well as the speculum, to appreciate the chemical and vital metamorphosis. None of our savans have been able to trace the "materies morbi," or its pathological tracts from the point of inception to their field of explosion in any of these incubative poisons. But what particularly maintains with the poison under discussion; what especially distinguishes it from the others, is its election of three of the most vital points of the economy, viz., the brain appendages, the respiratory and circulatory centres, while other incubating and elective diseases involve more remote and less

vital localities. Here, we believe, rests the explanation of the great dread of, and fearful mortality from, hydrophobia, of tetanus, and poison of strychnia, but especially with the first named, for the brain, and its membranes, and the upper part of the spinal cord, and sometimes the nerves of the wound, the mouth, the windpipe, and the lungs, are found in a congested state, no doubt principally from the loss of function, and thus we can account for the unhappy symptoms of pain and uneasiness in the stomach, throat, and lungs, during the last scene or stage of the disease, for the stiff and unwieldy tongue for the indistinct speech, for the rigid muscles of the throat, for the impeded deglutition, the dread of swallowing, and the convulsions of the muscles of this locality, and for the irregular mental disturbances. The causes have been generally attributed to rabid cats and dogs, but later writers have attributed the disease to several other wild and domestic animals, while laboring under the various passions, such as anger, rage, fright, heat, etc. A late writer has claimed the disease uniformly resulting from the bite of a pole-cat or skunk. In an article upon the subject (we think in the Virginia *Medical Monthly*, for September) is given a large experience and much data from field of practice of the writer in Nevada. In our own experience of four cases (three while a student at Bellevue, and one in private practice), one that proved rapidly fatal was caused by the bite of a cat while the pound master was endeavoring to rescue her from a number of dogs in the pound.

Again, we read, from the *Evening News*, of a remarkable case of hydrophobia.

Chicago, Sept. 16.—A singular case of death from hydrophobia occurred here last Saturday. The facts of the case have just been made public, and are as follows:—Charles Haake, a boy six years of age, was bitten on the head by a cat, which he was chastising for some reason, about four weeks ago. The wound was so slight that the child did not complain of it at all, but on Saturday morning last he was taken with all the symptoms of hydrophobia, and died before night. The cat has never at any time exhibited any signs of madness, and the physicians who attended the boy regard it as the most remarkable case extant.

TREATMENT.

As to prophylaxis. It is the uniform and established plan, by most practitioners, to cauterize and wash the wound as soon as practicable, the sooner the better. Indeed, if this mode should maintain throughout the non-professional as well as the professional world, many valuable lives might be saved. We would suggest that this, as well as many other medical truths, should be universally taught and practiced, as is the case among the barbaric and semi-barbaric races.

We will here cite a case occurring some ten or twelve years ago, wherein a little girl was badly bitten by a rabid dog. It so happened, while visiting one of the suburban villages of New York city, her grandfather sent her to the village post-office with a pony-cart and driver. While waiting at the store door, a dog came running along snapping at everything in his way. He bit her pony through the nose. During the struggle she was thrown to the ground, the dog biting her through the pectoral muscles of the right side, incising, lacerating, scratching and bruising the parts in a terrible manner. A few minutes after this accident we were by her side. We washed the parts thoroughly and cauterized them with nitro-muriatic acid. Our patient recovered, and at our last hearing was doing well, enjoying the best of health (several years after the accident), while the pony and other animals bitten by this dog suffered and died with this disease within a few weeks.

INCUBATION.

If during the stage of incubation an agent could be introduced by the mouth or rectum which would have the power of acting as an antidote, and thus neutralize the poison which is circulating in the blood, and prevent its acting perniciously upon the nervous centres, and especially the brain and medulla spinalis, the discoverer would confer a boon upon humanity, and place himself in the temple of fame side by side with the immortal Jenner.

REMEDIES.

Of all remedies, none are so fully adapted to the symptoms as chloroform, chloral hydrate and the croton-chloral hydrate; to allay and lessen the hyperæmia and hyperæsthesia of the neural tripod of life, the brain, medulla spinalis, and great sympathetic, in order to maintain life's currents and facilitate the molecular change, and thus eradicate the poisons, the constant galvanic current should be exhibited powerfully and continuously through these implicated axes. If necessary, they should be continued for any number of days. Nourishment should be administered by the rectum and hypodermically.

In conclusion, we will cite the following, to corroborate our theory.

Hammond, page 559. "Dr. Schward, of Milan, attempted the cure of this disease by the primary galvanic current. In one case the current was feeble, and was continued for nineteen hours. Great improvement ensued, the oppression disappeared, and the dysphagia was entirely relieved. Through some misunderstanding advantage was not taken of these ameliorations, and the patient was allowed to die. In the other case, which was one of undoubted hydrophobia, occurring in a girl nine years old, the current from twenty-two Daniel's cells was employed. The current was passed from the soles of the feet to the forehead, for fifty-eight hours, almost continuously, and the duration of the disease prolonged to seven days and seven hours, when the patient died. During the last two days there were no hydrophobic symptoms."

Editorial Department.

Periscope.

Prevention and Treatment of Puerperal Diseases.

In the American Supplement to the *Obstetrical Journal of Great Britain and Ireland*, Dr. Wm. Goodell discourses on these points so practically, that we cannot do better than give his own language. He says, speaking of the Preston Retreat:—

The wards are used invariably in rotation. By close management, and by crowding walking patients together, one of these wards in its turn stands idle for two or three weeks. During this time the doors and windows are kept open. Before it is again occupied by patients, the walls, floor, wood-work, and furniture, all of which are painted, are thoroughly scrubbed with carbolic acid soap, and then mopped over with a solution of half a pint of carbolic acid (Calvert's No. 4), to one pail of water. From this time until the ward is again vacated, no portion of it, not even the floor, unless accidentally soiled, is touched with water.

The nurses wear such clothing only as can be washed. As soon as the inmates of a ward are well enough to take care of themselves or of one another, their nurse is relieved from duty. She now takes a soap bath, puts on an entirely clean suit of clothes, and goes into a ward which has been thoroughly ventilated and cleansed. Before a new batch of patients falls to her care, she has had one week or more of rest. I visit the wards thrice daily, beginning always with the ward last occupied, and with the patient last delivered. Whenever a vaginal examination is needed, it is put off until all the other patients have been seen. The examining finger is then anointed with an ointment containing carbolic acid, and the hands are afterwards washed with carbolic acid soap. Post-mortem examinations I never perform.

The beds consist of a tick filled with fresh straw and covered with an army blanket. After the discharge of a patient, her bed is emptied, and the tick, blanket, and bedclothes are boiled in water to which a little carbolic acid has been added. Each bed is furnished with a feather bolster and pillow, which are exposed on slats to the air when not in use. Once a year every bolster and pillow-tick in the house is washed, and the feathers baked and "renovated," as it is technically termed. They also pass through the same process whenever soiled, or whenever used by a patient whose convalescence has been delayed.

The patients come chiefly from the poorer classes: but many in more comfortable circumstances, with the hope of getting better care, seek admission on account of some difficulty attending their former labors. On this account, the proportion of difficult labors is much above the average. Those patients who have families often put off coming in until labor has actually begun, and then leave at the earliest possible moment. Notwithstanding this, since patients have the privilege of remaining four weeks after their delivery, the average stay of each one is sixteen days before delivery, and eighteen days after. Every patient, upon admission, takes a warm bath, and at least one a week thereafter before her delivery. If she exhibits signs of feeble health, she is at once put upon the use of quinia, and of the house mixture, consisting of two parts of the muriated tincture of iron, with three of dilute phosphoric acid. The habitual constipation of pregnancy is met by the administration, either in the morning of a teaspoonful of pulv. glycyrrhizæ comp. of the Prussian pharmacopœia; or, at bedtime, of four Lady Webster's pills (pil. stomachicæ). When a more active purge is needed, the pulv. jalapæ comp., or the pil. cathartic comp. (U. S. P.) is given. Headache and sleeplessness are treated by warm baths, by full doses of potassic bromide, and by the above-named medicines, when indicated; albuminuria is dealt with in pretty much the same way, but always with iron and phosphoric acid. The regular diet is plain and wholesome, yet more liberal than usual in charitable institutions. Apart from the frequent use of aperients, a relaxed condition of the bowels is promoted by serving table syrups at every meal, by fruits, fresh or dried, according to the season, and by all such vegetables as can be eaten raw, viz., lettuce, cress, radishes, leeks, onions, tomatoes, cucumbers, and cabbages. Of these, in this latitude, an ample supply is obtainable during nine months of the year.

When a patient falls into labor, she first has her bowels moved by an injection, and then takes a warm bath. The bag of waters is usually ruptured artificially, and the liquor amnii collected in a grocer's scoop. The second stage of labor is never allowed to linger; any delay is met by the use, either of the vectis or of the forceps. As soon as possible after the birth and the removal of the child, the placenta is delivered by Credé's method. I may here remark that the still pulsating cord is first cut, then "stripped" of its blood, and as much as possible of its gelatin, and finally tied, when it has ceased to bleed, and has become flaccid. Neither belly-band nor any kind of dressing is afterwards applied, but the cord freely dangles about from the navel. Treated in this manner, it dries up without any bad smell, and falls off like a ripe fruit, without leaving a raw stump. Out of more than five hundred infants treated thus, not one has had a pouting or sore navel requiring

treatment, and not one has had an umbilical hernia. I am also well satisfied that, by dispensing with the belly-band, I have had fewer cases of inguinal hernia.

Ergot is hardly ever resorted to as an oxytocic; but one teaspoonful of the fluid extract is invariably given as soon as the head presses upon the perineum. When the labor is over, the perineum is examined, and, if torn, is at once sewed up with silver sutures. The patient is now washed clean, and a binder and cylindrical compress applied, the latter in the hollow just beyond the fundus of the womb. The bedstead on which she has been delivered is next wheeled from the Delivery Room to a ward and placed along the side of a bed, to which the woman now hitches herself over. Contrary to the generally held opinion that absolute rest after labor is indispensable, in no single instance has this muscular exertion apparently brought about a flooding. It seems rather to condense still further the uterine globe. Very rarely, indeed, has a flooding happened outside of the Delivery Room. However warm the weather, a blanket is thrown over the patient, and a foot warmer put to her feet. These remain until reaction sets in, and she asks to have them removed. A mug of beef-tea made from Liebig's extract is now given, and the child put to the breast as soon as it will take it. Thereafter, in a natural convalescence, the woman gets tea, boiled eggs, bread and butter, for breakfast; potatoes, and some kind of meat for dinner; stewed or fresh fruits, tea, bread and butter for supper. On the morning following the day of her labor, the binder is removed for good, and she slips into a chair while her bed is making. This is repeated once or twice a day until the fourth or fifth day, when she, if so disposed, gets up and dresses herself. No patient quits her bed against her will; yet the force of example is so great, that very few care to stay in bed when they see their companions up and about.

No woman is allowed to suffer from afterpains. Whenever these are complained of, one-quarter grain doses of morphia are administered every hour until relief is obtained. In stubborn cases of after-pains I have found nothing act so promptly as the exhibition of ten grains of quinia every six hours, until the ears ring. Bed-pans are not employed, except in cases of illness, or in cases requiring vaginal injections; but each woman has her own chamber-pot, which she uses indifferently, either in the sitting or the knee-elbow posture. Every woman is required to wash her own person at least once a day, and that with carbolic acid soap and a wad of fine oakum, which is at once thrown away. Only under very exceptional circumstances does the nurse cleanse the patient. Should the lochia become offensive, the woman is made to get out of bed and slip in a chair three or four times a day. This usually corrects the fetor; but if it does not, then and only then is a solution of potassic permanganate thrown up into the vagina. Firmly believing the nozzle of a syringe to be the medium of virus communication from patient to patient, I avoid the use of vaginal injections as much as possible. For a like reason, the temperature thermometer is not habitually used, but only in single cases as an aid to diagnosis.

Whenever the lochia are offensive, or the pulse is over 90, or the thermometer indicates a temperature higher than natural, or pelvic pains are complained of, or, in short, whenever any untoward symptom appears, quinia is given in from six to ten-grain doses every four hours, until the ears ring. In addition, for abdominal pains large doses of morphia are given, and the whole belly is painted with iodine, and covered with a mush poultice. The canonical purge on the third day is dispensed with. A patient has usually a movement of the bowels either before or on the day in which she gets up for good. If this does not happen, she takes four Lady Webster's pills at bedtime, which then act on the morning of the sixth day. As soon after getting up as she feels strong enough, she takes a warm bath.

But few words are needed to explain why the ordinary chamber-pots are used, and why patients are made, once or twice a day after the first, to get out of bed and slip into a chair. The presence of putrescent fluids in the utero-vaginal tract is recognized by all writers as the great cause of the autogenetic variety of puerperal disorders. But the recumbent posture of itself necessarily tends to detain these poisonous discharges in contact with the traumatic lesions of labor. These discharges may also be partly imprisoned in the vagina through the swollen condition of the more external soft parts, or partly corked up in the uterine cavity by the presence in the cervical canal of a putrid clot. In such cases detergent vaginal injections are highly recommended. But clinically they will be found of limited value: for they cannot reach high enough, and do not ordinarily dislodge a large clot even when situated low down. True, intra-uterine injections are not open to one of these objections; but, apart from their being attended at best with some degree of hazard to the patient, the operation is too delicate a one to be entrusted to a nurse. Besides, in hospital practice the nozzle of a syringe, to say nothing of the fingers of a nurse, is, I fear, so often one of the vehicles for the transmission of virus, as to make this means of disinfection of doubtful propriety. In a local outbreak of fever, especially of the diphtheritic form, I should, however, suggest the use, immediately after labor, of vaginal injections containing the nitrate of silver or the persulphate of iron, in quantities large enough to sear over the traumatic lesions of labor. Such injections I have had no occasion to try, but they ought to inhibit active absorption and promote healthy granulation.

While seeking a substitute for the syringe, my attention was directed to the fact that the act of sitting on the ordinary chamber-pot often forced out putrid shreds or fetid clots, which

had not been washed away by vaginal injections. This led me to discard, except in cases of positive illness, the use of bed-pans or of any other utensil, such as urinals, which can be used by a woman when lying on her back. Shortly after making this change, I found that, for like reasons, some shrewd and very practical writers of the last and the present century urged an early departure from the recumbent posture. Further: a residence of some years in the East had taught me that oriental women, at least, can with impunity get up and be about a few hours after delivery. Influenced by these facts, I decided, cautiously at first, to introduce into the wards of the Retreat a system of puerperal gymnastics, consisting in no restraint whatever as regards the position in bed, and in the daily release from an irksome confinement. I was much pleased to find that the muscular exertion needed for these movements, so far from inducing hemorrhage, excited the womb to contraction, and emptied it and the vagina of their putrid contents. I can testify that whenever the lochia are offensive, these upright positions, repeated several times a day, are excellent deodorants, better, in fact, than any detergent vaginal injections. There is yet another advantage gained by this plan; it affords in hospital practice an excellent opportunity for bundling the bed and bedding out of the ward, and giving them a much needed airing. In a crowded hospital ward the hygienic importance of such repeated disinfection can hardly be over-estimated. At the risk of being called an enthusiast, I will go a step further, and hazard the assertion that there is a form of puerperal septicæmia not necessarily accompanied by putrid lochia, at least not appreciably so, but indicated by high temperature, rapid pulse, complete anorexia, heavy sweats, and, later, by herpes labialis, which stubbornly resists treatment until the patient is made to get out of bed. This I have seen often enough, after keeping a woman on her back for some pelvic disturbance, to prevent any mistake as to the relation of cause and effect.

Lying-in women are encouraged to get up for good when they feel so disposed, because there are, to my mind, strong objections to the rigorous maintenance of the recumbent posture. Labor is, in general, a strictly physiological process, and there can be no sound reason why it should be made to wear the livery of disease. Nature teaches this very plainly, for most women wish to get up long before their physicians are willing to let them. The fact of a woman's wishing to get up is to me a very good reason why she should get up. In the second place: few physicians will deny that nothing so relaxes the tone of muscular fibre as a close confinement in bed. In my experience a woman ordinarily feels stronger on the fifth day than she does on the ninth, if rigorously kept under quilts and blankets. Once more: the upright position not only excites the womb to contract, but, by distributing the blood and equalizing the circulation, it actually lessens the amount of the lochia and shortens their duration. On the other hand, the dorsal decubitus keeps up a passive congestion of the womb as a whole, the engorgement of the greatly hypertrophied placental site, and a blood-stasis in the now thickened posterior wall, all important factors in hindering the process of involution. Again: uterine diseases are hardly known among those nations whose women early leave their beds.

The arguments against the customary purge on the second or the third day are to my mind very sound. I am well satisfied that the "milk fever," for which it was originally introduced into practice, is essentially a myth. Genuine "milk fever" as such is a rare complication, and, when present, of no significance whatever. Unless the nipples are chapped or abraded, the engorgement of the breasts hardly ever leads to abscesses. In proof of this assertion; how rarely does mastitis follow stillbirths! In the vast majority of cases, the occasional constitutional disturbance, the chill-and-fever on the third or fourth day, the so-called "milk fever," is owing to a septic cause, and not to a mammary one. True, the breasts are by this time swollen and painful, but it is a mere coincidence, and coincidence is here mistaken for causation. Purges are, therefore, not only wholly unnecessary, but they disturb the equilibrium, and, what is worse, promote the absorption of septic matter. Partly from increasing the activity of the absorbents, the hemorrhages of labor are very liable to be followed by blood-poisoning. Now, the same result may be logically predicated of a depletion in the shape of a purge. Were my readers to go over their cases of puerperal fever or of other puerperal diseases, I think that they will find some of them dating from the day on which a purge had begun to act. Is it not more than a mere coincidence that these diseases attack a woman usually on the third or the fourth day, viz., the day of or following the administration of the customary purge? Three instances of puerperal peritonitis, two of them ending in death, have come to my knowledge, which were referable as plainly as could be to purgation. In one, the lady was slowly but surely mending from the effects of a severe instrumental delivery. For some reason or other she took, in the third week, an ordinary dose of citrate of magnesia. This violently purged her, and at once brought on a fatal attack of fever. In the other two the patients could not have been doing better, until they got a dose of castor oil, which was given for no other reason than that the authors of our text-books were haunted by the bugbear of "milk fever."

Quinia is given without stint, because, apart from its well-know tonic and antiperiodic properties, it possesses others which make it, above all remedies, the one best suited for puerperal disorders. By lowering high temperature it retards the oxidation of tissue, and hinders the formation of fibrinous concretions. By shortening the excursions of uterine fibres in their alternate contractions and expansions, it lessens

the diastolic engorgement of the womb, diminishes the calibre of uterine blood vessels, and thereby tends to keep their protective coagula from becoming loose and soluble. By contracting the placental site it proportionately limits that area of absorption. By constringing the coats of the capillaries, and by its inhibitory power over the migration of colorless blood-corpuscles, it either arrests suppurative inflammation or restrains its violence. Finally, it seems to exert a positive curative action on the blood in cases of putrid or purulent absorption. Clinically, I have found nothing comparable to quinia as well as a prophylactic against puerperal disorders, as a remedy for them. But it must be given early, frequently, in large doses, and pushed to a high grade of cinchonism.

Ergot is a very untrustworthy oxytocic. One never can tell beforehand whether it will behave kindly, or run a muck. It is, therefore, no favorite with me. The vectis and the forceps being under perfect control, are far better oxytocics; their aid is therefore often invoked, in order to save a woman's strength, and to avoid that laxness of uterine fibre following a long and weary labor. Ergot is, however, given as the head is about to emerge, in order to lessen the chances of a flooding or of unruly after-pains, and to aid the process of involution by condensing the uterine globe to its minimum size. For an analogous reason I feel persuaded that Credé's method of placental delivery provokes to a more complete involution. It certainly empties the womb of all clots, and squeezes it down to its smallest capacity.

The prolonged use of the binder is given up. I wish, however, here to state that even its brief use during the first few hours after labor, is not held by me as a cardinal point. I begin to have grave doubts whether it is of any value whatever in the prevention of hemorrhage. On the score of utterly abandoning it I am quite open to conviction.

Two Cases of Post-partum Hemorrhage Treated by the Injection of Perchloride of Iron.

Dr. W. P. Swain, F.R.C.S., reports the following cases in the *British Medical Journal*:—

Case 1 was that of an exceedingly fine, handsome lady, a primipara. Her pregnancy had been uninterruptedly good. Labor commenced on the evening of January 21st. The presentation was normal, the pains good, and a fine male child was born about half-past seven on the morning of the 22d. I gave a small quantity of chloroform at the last. Immediately after the delivery of the child, I found a second head presenting, and, as the pains were not very expulsive, I put on the forceps and delivered a second male child in a few moments. I then removed the placenta, which was single, and of enormous size. Considerable hemorrhage occurred at the moment the placenta was expelled, but the womb contracted firmly, and a binder was put on. Within a few minutes, however, I found the uterus largely expanded, and, on pressure, a huge clot was expelled. I immediately introduced my left hand into the uterus, making pressure externally with the right, but was unable to produce any uterine contraction. During the whole time there was a constant and excessive flow of blood from the vagina, and the patient became collapsed. I administered brandy in large quantities, and ergot, and the moment ice could be obtained I placed a large lump in the cavity of the womb, and a bag of ice on the abdomen. All was, however, of no avail, and my hopes of saving the patient were at zero. In the meantime, I had obtained further professional assistance, and, with the concurrence of my father and Mr. Whipple, I injected perchloride of iron into the uterus, in the manner advised by Dr. Barnes. From the moment of the injection all flow of blood ceased, although the uterus remained for some time flaccid. The lady made an excellent recovery, and, with the exception of a little lymphatic tenderness in the right thigh, complained of nothing during her convalescence. I should mention that, on the second day, and on every succeeding day for some time, the vagina was thoroughly well syringed out with Condy's fluid and water.

Case 2. I was asked by Surgeon-Major Ferguson to see, at the Women's Hospital, on July 9th, a soldier's wife in her third pregnancy. She had a contracted pelvis in its antero-posterior diameter. In her first confinement she remained a hundred and eight hours in labor; in her second, eighty-seven hours. No instrumental assistance was afforded on either occasion, and the children were still-born. This time she had been in labor sixty hours, and I found the head well down on the pelvis, but tightly fixed there. I suggested the application of the forceps, and in a very short time, after the use of considerable traction, the child was born alive, but lived only for half an hour. The placenta was removed at once without difficulty, and the uterus contracted for a short time, but in a few moments tremendous hemorrhage set in, the blood being projected from the vagina on to the floor some distance from the bed. I immediately passed my left hand into the uterus, cleared out its contents, and endeavored to secure contraction, whilst cold water was poured on to the abdomen from a height, and brandy freely administered. This, however, did not correct the bleeding, although it somewhat lessened in quantity. Feeling that another gush of hemorrhage might be fatal, I injected the perchloride, all the materials being fortunately at hand. The uterus at once contracted, all hemorrhage ceased, and I hear from Dr. Ferguson that the woman has made an admirable recovery.

I think I may fairly claim two lives for the perchloride treatment. In the first case, all the usual resources, excepting galvanism, were tried in vain; the lady lay dying before our eyes, and there can be no doubt that any further hemorrhage must have turned the balance against her. In the second case, so rapid and so large was

the loss of blood, that nothing short of immediate arrest could have saved the patient; and this the perchloride certainly effected.

Diagnosis of Heart Disease.

Dr. Geo. W. Balfour, in the Edinburgh *Medical Journal*, says:—

A truly cardiac patient, one suffering from actual disease of the heart, as a rule comes to you complaining, not of that organ, but of one or other of the secondary results of his lesion. He complains of breathlessness or of dropsy, either or both of which may result from that lesion if it be uncompensated, or if the compensation be ruptured. If the patient complain of shortness of breath, as is often the case, you will find that this cardiac breathlessness presents certain distinctive features wherein it differs from pulmonary breathlessness, the most striking of these being the perfect tranquillity of the breathing while the patient is at rest, at the same time that any exertion at once produces so anxious a desire for more air as can be expressed by no fitter term than the air-hunger of the Germans. The amount of lesion is not to be measured by this breathlessness, but its seriousness, as dependent upon the degree in which the compensation is ruptured, may certainly be so. The patient may only puff considerably in going up a hill or ascending a stair, or his shortness of breath may be so great as speedily to compel him to call a halt on attempting either of these feats; or it may be so extreme as to prove distressing on making such perfectly trifling exertions as merely sitting up or turning in bed. At the same time there is no true dyspnœa, or difficult breathing properly so called; there is no obstruction either to inspiration or expiration; there may even be no curtailment of the air-space in the lungs, from any cause whatever; the breathing while the patient is at rest is perfectly quiet and natural; yet such is the difficulty, from cardiac causes, of getting the blood aërated, that the slightest exertion produces such a gasping inquietude as is extremely characteristic. This is one form of cardiac asthma, as it is termed; now and then we have another, in which the breathlessness, though not dependent upon exertion, is yet equally independent of pulmonary lesion. In this case the patient wakes gasping and alarmed from his first sleep; he has palpitation, occasionally pain (angina), almost always irregular action of the heart, which is always feeble; now and then the patient is sick, and sometimes vomits a mouthful or two. This form of cardiac asthma is mostly senile in character, and associated with muscular degeneration rather than with valvular lesion. It frequently arises from some slight gastric derangement, which reflexly affects the enfeebled heart in an injurious manner; and it is often the beginning of the end to those affected, the first intimation that the "pitcher is broken at the fountain," and that death has already seized the very citadel of life. Such patients, however, never come to you, you are always sent for to see them; and I have only mentioned this affection now to illustrate the fact that exertion is not always necessary to produce cardiac breathlessness, and that even in this case the panting is characteristic, while the absence of pulmonary lesion marks its cardiac origin. To produce so-called cardiac breathlessness, however, it is not necessary to have actual cardiac disease. Breathlessness depends upon imperfect aëration of the blood, and in the absence of pulmonary lesion may depend upon lesion of the heart or of the blood itself. Even though a patient, then, presents all the characteristic symptoms of cardiac asthma, we must not therefore set him down as certainly laboring under cardiac disease; he may be only anæmic. But inasmuch as anæmia and cardiac disease frequently co-exist, the assured presence of the former, evinced by the bloodless condition of the lips, gums, etc., does not exclude the latter. The presence of breathlessness having the characteristic symptoms described, makes us certain that we have to do with a hæmic or a cardiac lesion: which it is, we must determine by further inquiries.

Incontinence of Urine in Children.

Dr. Henry Kennedy, in the Dublin *Medical Press*, says:—Of the medical means employed, blisters to the sacrum must not be forgotten. There could be no doubt, the author said, this means had succeeded. Of two cases in which he had employed it, it failed in the first; but in the second it was more successful, and stopped the infirmity for four months. The regulation of the quantity of fluids taken, and the time, the author considers of much moment; and he particularly advised against the use of tea. There was one measure, too, he thought of the greatest consequence, and that was the teaching the patient, when such was possible, the habit of retaining the water as long as possible in the daytime. By this means the sensibility of the bladder was lessened, and good was effected. The author observed that this plan was opposed to the one of taking up the child at night, which, though it diminishes the unpleasant effects of the infirmity, had no tendency to cure the complaint, but, as he thought, the very contrary. To two medicines only did the author allude, hydrate of chloral being one, and belladonna the other. There was already some evidence that the former had been of service, but it was not sufficient yet to establish its value. The latter, as a whole, had proved the most valuable drug yet used, and had cured a good many cases. Of two cases in which the author gave it, it cured the first, a boy of three and a half years of age. In the second, a boy of eleven, it has bettered him a good deal; but circumstances had prevented as full a trial of the drug as was desirable. In speaking of belladonna, the author adverted to the remarkable fact that children bore it in very much larger doses than adults. By gradually increasing the dose he had given it in very large

quantities. It had rarely dilated the pupils, and then only for a short period. In prescribing it this point was not to be forgotten. There could be little doubt that the internal organs, especially the kidneys, were so active in childhood that the poison was very rapidly eliminated from the system.

The Treatment of Acute and Chronic Bronchitis and Asthma.

The following, upon the treatment of the above distressing maladies, from the pen of Dr. W. H. Spurgin, in *The British Medical Journal*, is suggestive:—

I have tried iodide of potassium in over a hundred cases, with almost invariable success; in fact, with such success, that patients have expressed themselves by saying, "It has acted like a charm;" others have said that no medicine ever had any real effect upon their complaint before. Iodide of potassium has a marked effect upon the breathing, reducing the frequency of the respirations, perhaps (as I think) overcoming spasms. Almost after the first dose patients have stated they have felt the medicine touch their complaint.

I usually prescribe it with carbonate of ammonia, and, when the cough is very troublesome, add tincture of belladonna and ipecacuanha wine. In the above complaints I rarely give anything else but the above.

In one case of very severe broncho-pneumonia I tried iodide of potassium, with tincture of hyoscyamus and ammonia, and the respirations were quickly and astonishingly reduced from forty in a minute to less than half that number.

In conclusion, I should add that I have purposely given a mixture containing ammonia, belladonna, ipecacuanha wine, spirit of sulphuric ether, etc., without iodide of potassium, and have not found much benefit; after which I have added iodide of potassium, and found the patient relieved almost at once.

I have given this remedy about one year's trial, and can confidently recommend iodide of potassium as the remedy in these troublesome complaints.

The Function of the Uvula.

Dr. Horace Dobell, in the *British Medical Journal*, says:—Looking, to-day, into the pharynx of a patient suffering from a severe nasal catarrh, I saw the watery secretions from the back of the nose pouring down in a continuous stream from the tip of the uvula on to the dorsum of the tongue. It was evident that they were collected to this point from all the surrounding parts, and that the uvula acted as a conduit to bring them to the front of the epiglottis, whence they might be safely carried down the throat by repeated acts of deglutition; whereas, had it not been for the uvula, they would be liable to drip behind the epiglottis, and thus cause constant discomfort by getting into the larynx. This very simple but important function of the uvula has not, so far as I am aware, been noticed before, notwithstanding all that has been written about this odd little organ.

Reviews and Book Notices.

BOOK NOTICES.

A Practical Treatise on the Diseases of Women. By T. Gaillard Thomas, M.D., Professor of Obstetrics and Diseases of Women and Children, in the College of Physicians and Surgeons, New York, etc. Fourth Edition, thoroughly revised, with one hundred and eighty-six illustrations in wood. Philadelphia, Henry C. Lea. 1874. pp. 801.

The fact that not two years have elapsed since the third edition of this work was issued, is an excellent proof of the great esteem in which it is held by the profession. The book was so recently thoroughly reviewed by us, that it is unnecessary to do more than allude to the fact that the distinguished author has rewritten a large part of it, being determined to keep the work up to the highest stand-point, and apace with the latest advances in gynæcology.

The work has already been translated into the German, and preparations are now being made to render the present edition into French and Italian.

To the busy practitioner, who is almost constantly coming into contact with the diseases of females, the work is simply invaluable, and to all such we warmly commend it.

Transactions of the Pathological Society of Philadelphia. Volume 4. Philadelphia, J. B. Lippincott & Co. 1874. pp. 250.

This volume presents us the "Transactions" for the years 1871, 1872 and 1873. The matter is so arranged that the subjects discussed are presented grouped under their several heads. Thus, diseases of the osseous system, of the organs of digestion, of circulation, of respiration, of the genito-urinary organs, of the nervous system, of organs of special sense. The several specimens are well pictured by wood cuts. By pathological students this will be welcomed as an invaluable addition to their libraries, and all physicians ought to be students of pathology to a certain extent. It will throw light on many obscurities in practice.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 3, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

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☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

OBSTETRIC MEDICINE.

We have been treated this year to addresses before the great medical bodies, upon each of the special branches, surgery, practice and obstetrics. The views of the profession differ materially as to what should constitute the subject of these addresses. Some entertain the belief that the object is merely a resumè of all the special points that have occupied the attention of the profession during the previous year, while others deem it most proper that some important point should be selected and carefully dwelt upon.

Both these plans have been followed, and both appear to have given satisfaction to the members of the various associations.

Before the British Medical Association, the address in obstetrics was by Dr. J. Matthews Duncan, who selected as the subject of his remarks, puerperal pyæmia, which he handled in a manner fully to sustain his already world-wide reputation.

Upon the subject of obstetrics, a vast deal has yet to be learned. Hitherto too much has been permitted to devolve upon nurses, would-be wise women. In short, it has been too much the case that this important, perhaps the most valuable branch of medicine, has been allowed to occupy a subordinate position, from which, however, we are happy to say it now bids fair to emerge, and we trust it soon will be everywhere regarded in its proper light.

We are led to these reflections from our too frequent opportunity of observing the great want of knowledge in the obstetric art on the part of very many of the profession. Many appear to regard it as unworthy of their attention, and hence when an emergency arises are utterly unprepared to render that aid for which they are summoned.

While we regard labor as strictly a natural act, which in the vast majority of instances will go on to its termination safely and happily, yet we would have the physician so thoroughly educated that he may know how to conduct to

this result. Unfortunately, it would appear that too often he regards himself as useless in the lying-in chamber, and does literally nothing, either good or bad, until the child is expelled. We would respectfully urge the members of our profession to make this subject one of the most careful study. We can assure them that it is one that will richly repay them for all their outlay, both of time and money. For this reason, we gladly welcome such papers as that of Dr. Duncan, and all the other means of instruction in the obstetric art.

In this connection, we must agree with the remarks of the *Lancet:*—

"We must also object to obstetricians speaking of the fearful ordeal of marriage and childbearing to young women, and making other statements awful to women and men. There never was a time when parturition was so safe a process as it is now, or when obstetricians had a right to speak so comfortably and assuringly on the subject. A certain amount of risk, no doubt, attaches to the ordeal of pregnancy and parturition. But the same is true of the estate of celibacy, and it seems to us that men in authority, speaking in a semi-public position, should be careful to avoid using strong adjectives to describe dangers which are being steadily minimized, which must be incurred, and which are borne as cheerfully and courageously as men bear the hardships incident to their calling."

These words have the right ring, and are calculated to act as an antidote to the evil to which they allude.

Notes and Comments.

Experiment in Liquefying Gases.

A piece of fresh wood charcoal is placed in a strong U tube, like that first used by Faraday in his researches upon the condensation of gases. This is to be saturated with dry chlorine, ammonia, or other gas which it is desired to experiment upon. The two ends of the tube are then sealed before the blowpipe. The longer end of the tube, which contains the charcoal, is now to be heated in a boiling salt-water bath, and the shorter one plunged into a freezing mixture. The result will be the speedy evolution of the absorbed gas from the charcoal, and its condensation by its own pressure in the colder portions of the tube. It is thus possible to prepare very quickly a quantity of liquefied gas for a lecture experiment. On taking out the tube from the salt-water bath, the liquid chlorine (or other substance) begins to boil spontaneously, and is again absorbed by the charcoal, while the short end of the tube becomes covered with frost, from the rapid abstraction of heat from it, by the passage of the liquid into the gaseous state.

In this way it is possible to prepare, in the liquid state, chlorine, ammonia, sulphurous acid, sulphuretted hydrogen, hydrobromic acid, chloride of ethyl, cyanogen, and other gases.—*Boston Journal of Chemistry.*

Incombustible Finish for Woven Fabrics.

The *Manufacturers' Review* translates from Hager the following directions for preparing a starch paste, impregnation with which renders a fabric incombustible: 10 parts of calcined and pulverized bones are treated with 50 parts of hot water, to which 6 parts concentrated sulphuric acid are gradually added. The mixture is well stirred, and left to stand two days in a warm spot, being stirred from time to time; 100 parts of distilled water are then added, and the liquid filtered. Five parts sulphate of magnesia (Epsom salts) are dissolved in 15 parts of distilled water, the solution added to the first, and caustic ammonia added till the liquid smells of it. The precipitate is thrown on a linen filter, pressed, dried in a moderately warm place, and rubbed to a very fine powder. Of this powder, 2 parts are mixed with exactly 1 part of tungstate of soda, and 6 parts wheat starch, and a little indigo blue added to impart a bluish tint to the powder. In order to use this powder, it is stirred up with about twice its weight of cold water, and enough hot water is then added to produce a gelatinous liquid, in which the fabrics that are to be rendered incombustible are steeped.

Bottled Milk.

An exchange states that an enterprising milkman in Elmira, N. Y., furnishes his customers with milk "in glass." In his wagon are arranged inside racks containing quart and pint bottles filled with pure fresh milk, full measure. These bottles are delivered as required, the customer returning the bottle left

the day before; and no pitcher, pails, bowls, or dishes are necessary. Another advantage of this system, especially in warm weather, is that each bottle is tightly corked, and can be laid in a pail or pan of cold water, keeping it fresh and sweet, or put away in a cooler, taking up but little room.

Fine Machine Oil.

To prepare an excellent machine oil, mix 60 parts of oleine with 40 of olive oil; or 50 of oleine, 40 of clear paraffine oil, and 10 of olive oil.—*Boston Journal of Chemistry.*

Correspondence.

Washington, Ill.

Ed. Med. and Surg. Reporter:—

Thinking that a contribution from some one in this section, upon subjects pertaining to medicine, would be acceptable, I shall attempt to give you a brief outline of the topography of our town and vicinity.

Washington has a population of some twenty-five hundred inhabitants, and is pleasantly situated on high rolling ground, between two small streams, which, uniting a short distance west, form Farm Creek, which meanders through valley and hill twelve miles, falling into the Illinois river, opposite the city of Peoria. The bluffs bordering the creek and river contain large deposits of superior bituminous coal, which are mined largely, and distributed by rail and river over a large extent of country, and afford to Washington and Peoria a cheap and abundant material with which to utilize their large manufacturing and mechanical industries.

Northeast and south of our town the country is prairie, with a dark rich loam, resting on a clay foundation, and our whole country is settled up with an active and enterprising class of people.

The Illinois river runs along the entire western border of our county. Mackinaw creek, with a number of smaller streams, flow through the county and intersect the river in various parts; the river below Peoria has extensive flats and marshes bordering upon it, which are annually more or less subject to overflow. These marshes and flats have a varied and abundant vegetation, which rapidly matures and decays under the hot sun of summer and fall, which produces considerable sickness of a periodical type. The county contains upward of twenty-seven thousand inhabitants, which are very equally distributed. There are four physicians residing in this town, who do an aggregate practice of at least twelve thousand dollars annually. There are also several irregular or pseudo practitioners doing more or less business, how much is not known, but their receipts depend largely upon their silence, tact, and especially Church membership, and I regret to state that their continuance with us is assisted by professional aid given them by those who should condemn and ignore empiricism when and wherever found. When physicians claiming intelligence and sound medical education, with the experience of age, so far forget or compromise the dignity of their high calling as to counsel with and assist pseudo physicians, making themselves the stepping stone for such to attain practice, we may expect the people to assist in sustaining quackery, and the profession at large suffer the opprobrium of their presence and their practice, which abuse has caused much and growing doubt as to the efficacy of legitimate medicine.

The diseases endemic to this locality are of malarial origin, the types of fever being intermittent and remittent, and if unbroken or neglected, assume a continued form. We have not, however, one case of either form now, where we had fifty twenty years ago. During the settlement and breaking up of our prairie soil every family had more or less of their number sick, and the invasion did not confine itself to any special portion of the year. We had cases very frequently then, which were strictly of the congestive type; pernicious fever, in its broadest sense, which, if not met at the first symptom of development by prompt and appropriate treatment would rapidly prove fatal, and in constitutions already enfeebled all treatment would prove abortive. Such cases would universally present all the characteristics of Asiatic cholera, without the purging. I have known cases where no especial ailing was complained of previous to the chill, which proved fatal within two hours, and in all such cases a total indifference was manifested. As the soil became cultivated, the tame grasses introduced, with more general comforts surrounding our people, intermittent fever became yearly less, while the remittent type would be much milder, and the congestive type was very seldom met with.

The treatment generally adopted was a thorough mercurial purge, followed by opium and quinine, and continued as required until convalescence was established. In the congestive type our treatment was to relieve the engorged and overburdened organs, which was done by the lancet, or cold water poured from a height upon the exposed region of the stomach, liver and lungs, until reaction commenced, and then dry frictions, with some diffusible stimulant, until the reaction was complete, followed immediately by calomel, opium and quinine, for one or two doses, and then opium and quinine in full doses, say four grain doses of opium and twenty grain doses of quinine, and repeat the dose at least four hours before the expected chill; two such doses were generally sufficient, from which I have seen no unpleasant effects

Rheumatism is quite prevalent, engendered, in the majority of cases, by careless and imprudent exposure to the variable changes incident to

this latitude; it is generally of the inflammatory type, and yields readily to appropriate treatment. The treatment from which I derive the most success in the strictly inflammatory type, is free depletion by the lancet, followed by mercurials and the alkalies. If badly treated or neglected it assumes a chronic form, taking a long time to rid the system of its effects, and such cases generally retain unpleasant mementoes of its invasion. The treatment in such cases is with colchicum and the preparations of potash, with repeated blisters to affected joints. We have rarely any metastasis to the heart, and but few cases fatal.

Our late fall, winter, and spring months develop a variety of diseases. Inflammation of the thoracic viscera, bronchitis, pleuritis, pneumonitis, phthisis, are quite prevalent; the last mentioned, in a large number of cases, is hereditary, while many are the sequelæ of neglect in the treatment of some chest affection, continued exposure, and over-work. We have several well marked cases of tubercular diathesis, presenting every character of latent pulmonary disease, which, by studied care, hold in abeyance the development of an active, fatal disease. My treatment in all inflammatory diseases of the chest is the free use of the lancet when admissible, an active purgative containing a mercurial, with a class of expectorants and demulcents indicated.

Muriate of ammonia, powdered ext. licorice, and muriate of morphia, is a mixture which I largely use, and with which I am much pleased. I seldom use quinine or antimony in my treatment of diseases of the chest, as I have always found them deleterious in my cases.

We have among children considerable sore throat, slightly inflammatory, producing some fever and restlessness; all such cases yield readily to very mild remedies, and the most of them get well from simple domestic treatment.

That form of active disease of the fauces denominated diphtheria is very rare; at least such is my experience. Although I hear of diphtheria constantly in the practice of others, during a long and active practice in this place I have seen but two cases possessing that pseudo membrane characteristic and pathognomonic of the disease; the membrane in both cases presented a deep buff color, covering the entire fauces, and extending to the lips, and through the posterior nares to the extreme alæ-nasi, and in feel and look resembled velvet; this exudation could be easily removed; the membrane beneath presented a deep red appearance, highly vascular; in both cases it was thoroughly removed from all parts of the mouth and throat, and the parts thoroughly cauterized with the solid stick of nitrate of silver. Tincture iron, quinine, and stimulants were given largely; nothing that was done seemed to do any good; the plastic exudation was rapidly reproduced on all parts removed, and by extension to the glottis both cases proved rapidly fatal: would tracheotomy have done any good in these cases? Diseases of the exanthematous type, measles, scarlatina, erysipelas, are quite prevalent, but generally of a type that requires but little treatment; such cases need the observation of the physician, to guard against the unpleasant sequelæ which sometimes follow.

In skin diseases we find eczema very prevalent, both in adults and children; in fact it confines itself to no age or condition of life, and often proves refractory to the best efforts of the physician, which no doubt is attributed to the want of care, or using treatment both constitutional and local as prescribed.

Among the profession here and vicinity, in fact, more or less throughout the country at large, we hear of typhoid fever as being the prevailing disease, nearly every case of fever assuming that type; these reports are so much at variance with my own knowledge and observation, that I am led seriously to question them as facts. I am led to believe, from a large and varied practice of thirty years, that typhoid fever, as recognized as a specific disease, a disease sui generis, is very rare in the valley of the Mississippi, outside of large cities. As this is a prolific subject, and my article already longer than contemplated, I will make typhoid fever the subject for my next. R. G. Allen, M. D.

Washington, Tazewell Co., Illinois.

"Have the Jews any Immunity from Certain Diseases."

Ed. Med. and Surg. Reporter:—

The reply of Dr. M. Marsh to my former paper, entitled as above, in the Reporter, of August 15th, demands a calm noticing of it at my hands. I shall do so with each paragraph of that reply, but only so far as it can be of interest to the professional reader of the Reporter.

1. Dr. M. says he came to his conclusions "not only from my (his) limited experience, but that of gentlemen of unquestionable probity, honor, experience, intelligence, and learning, and a fame not circumscribed within the bounds of this republic." But all these epithets, except the fame, I claim also for myself and friends, and we have arrived at opposite conclusions from that of Dr. M.

But the Doctor refers to vital statistics taken by the government of France, Germany, and London, which go to prove a greater expectation of life in the Jewish nation above that of Christian nations. But statistics, in any case, are frequently misleading, and it is, to say the least, a hardship to draw conclusions from them, which are in opposition to one's own experience and observations for a good part of his lifetime. Nor does Dr. M. claim these statistics to show any immunity from any disease in the Jews, nor from "consumption," to which he says "Christians and Jews finally succumb."

2. There being no statistical evidence of the Jews having any immunity from "consumption," Dr. M. relies, then, for these, upon his "own limited experience," upon the assertions of his friends, and especially upon the assertion

of his "polite" correspondent, the Rev. Dr. (not medicinal) I. M. Wise, of Cincinnati, O., as a profound scholar, acute and extended observer, who writes to Dr. M. "that the cases are rare among them," and "because they drink not to excess, and few fathers are sick of * * *." These asterisks Dr. M. puts for syphilis, and discards Dr. W.'s theory about its connection with consumption. In view of the foregoing it is certainly not justifiable to conclude with Dr. M. that this "asserted" Jewish immunity from "consumption" should account for the "statistically" shown (if so) superior longevity of the Jewish nation.

I never said, as Dr. M. avers, that "prostitution and its consequences is one of the inevitable calamities of the Jewish race in this country." What I said (Reporter vol. xxx, p. 440) is the following: "In sexual indulgence, too, the Jews of this country do not fall behind the rest of the world, and share fully in the inevitable calamities of the criminally unrestrained practice of prostitution in this country and elsewhere." The scientific point, therefore, is that the Jews are not enjoying an immunity from venereal any more than from "consumption."

3. I reassert that "it is not scientific to contrast (in a medical point of view) Jews and Christians, but rather Jews and Gentiles," for, while most Christians are Gentiles, not all, but the minority of Gentiles are Christians. The scientific point is, to compare the Jewish nation with other nations who live like them, and yet who do not enjoy that nation's supposed longevity and immunity from diseases, and vice versa.

4. "Absorption by the digestive organs" I did not say, but, "the digestive organs (meaning the salivary glands and pancreas in that connection) being equal to the absorption (by the lacteals of course) of an excessive quantity of it," i. e., fat.

"A true biological physiology" was contrasted with a false, exclusively chemical physiology.

5. The *individual* Jew, in this or in any other country, has no advantages in longevity or health above his Gentile fellow man, yet the Jewish race, as a race, shows a tenacity of existence which is astonishing, considering the terrible vicissitudes of exile and persecution to which it was subjected for thousands of years. The scientific point, therefore, is this very distinction to be made between individual and race life. Granting this distinction, and remembering that every race must have had a progenitor, it is but reasonable to look to that progenitor for the cause of race advantages, and so I would look to Abraham in the case of the Jewish race, whose longevity is owing, perhaps, to a superior prolificness, the births in this race outnumbering its deaths in a greater ratio than is the case in other races. Such an advantage of a race would no doubt be lost at last if an intermixture by marriage with other races of no such advantage were not guarded against. And I consider circumcision among the Jews to be this guard. To this day every Jew says, in the language of the sons of Jacob (Exodus xxxiv. 14), "We cannot give our sister to one that is uncircumcised: for that is a reproach unto us." In my former paper I referred to the Gipsey tribe as offering some important parallels to the Jews in the matter of race longevity. To this I refer again. There is no great fear, therefore, that the Jews will lose their race longevity in this country, even if they abandon to a great extent their peculiar religious dietetics, unless they are inferior to the Gipsey tribe in some point.

6. Circumcision is no doubt the great moral cause why the Jews do not intermarry with non-circumcised Gentiles. That the Jews do not intermarry with the circumcised Mohammedans is owing to the supreme contempt which the latter entertain against the Jews.

That *circumcision* is practiced on females cannot be anatomically true in the Jewish or any other nation. There may be an amputation of certain parts. But this practice is never heard of among Mohammedans or Jews.

7. Circumcision among the Egyptians was practiced on the two noble castes of priests and warriors only, and its reintroduction under Joshua shows that it was a divine sign of nobility extended to the entire Jewish nation (see Joshua v, 9, and the context). Its sanitary intentions are mere hypotheses of ancient and modern writers. Its origin may yet be found in the most ancient Phallic worship, where it was adopted as an ascetic lustration. The fact that some males are born without a prepuce might have led to the practice of offering it to the Phallus, i. e., the generative god, without maiming the offerer in his functions.

8. In Hufeland's times the Jews of Europe were not that which they are now. It was no doubt tempting, then, to connect the then rarity of venereal diseases among the Jews with their practice of circumcision, as cause and effect. But, alas! tempora mutantur, et nos mutamur in illis. It is no longer with the Jews as it was before, and that in spite of their strict observance of circumcision. Is it "presumption" to correct a traditional dogma in medicine which is not verified by present fact? Is it "presumption" not to accept the doctrine that "longevity depends much upon the average diet of a people," when we observe the opposite diets of the frugal Scotch highlander and the rich one of the Hollander? And such comparisons might be multiplied.

9. What I have asserted in my former paper I did not base upon a "pretension to superior knowledge," but upon facts which, as a Jew and physician, I have observed, and that in different parts of the world. Such observations have their value in the important investigation of a scientific question.

10. By my expressing gratitude "to *you*, Mr. Editor, for bringing such topics to the notice of the profession," I certainly cannot be accused, as Dr. M. accuses me, of doing *him* injus-

'tice. One's *writing* for the profession will never bring his thoughts to them, except an editor accepts them and *publishes* them, unless the writer is a lecturer to the profession.

Cincinnati, O. DR. EPSTEIN.

[This correspondence should end here.—ED. REPORTER.]

NEWS AND MISCELLANY.

The Yellow Fever.

The yellow fever has been epidemic in Pensacola this fall. Among the victims has been Assistant Surgeon George B. Todd, who died of the disease at the Pensacola Navy Yard, on Sunday, September 20th.

Hay Fever Sufferers.

The hay fever refugees among the White Mountains have formed a permanent association for the discovery and spread of whatever promises to relieve or cure the malady. For the ensuing year, Judge Briscoe, of Hartford, was chosen president, and Mr. Frank B. Fay, secretary. The latter's duties will be to communicate any glad tidings of relief to all the members of the association. The annual place of meeting is Bethlehem, N. H., on the last Monday in August.

Items.

—Several suits have been commenced in Baltimore against druggists, for violating the new law requiring them to have certificates of competency.

—Dr. Charles F. Matlack, the first American physician who embraced and practiced homœopathy in this State, died at Germantown, Pa., last month, aged 76 years.

—The cattle disease in Connecticut has attained such proportions that it has attracted the attention of eminent scientific gentlemen of that State, and an effort will be made to lessen the shipment of Western and Indian cattle, to which the origin of the disease has been traced.

—The Eye and Ear Institute, established in 1870, in connection with the Philadelphia Dispensary, for the gratuitous treatment of diseases of the eye and ear, has been removed from its former location, at the northeast corner of Eighth and Locust streets, to the northeast corner of Thirteenth and Chestnut streets.

OBITUARY.

DR. HOFFMAN.

Washington Atlee Hoffman, M. D., Port Physician of Philadelphia, died on the 20th ult., at Bryn Mawr, aged 38 years, after an illness of several weeks. Mr. Hoffman was a native of this city, and the only son of Mr. Christian J. Hoffman, a well-known merchant here. The deceased was a graduate of Jefferson Medical College, and was educated at the University of Gottingen, Germany. He served as an Assistant Surgeon in the army during the latter part of the war. He was elected one of the Attending Physicians at the German Hospital within a short time. Dr. Hoffman was highly esteemed by all who knew him.

MARRIAGES.

ABERNETHY—STAGG.—At Irvington, on Hudson, on Wednesday, September 16, by the Rev. S. H. Tyng, D. D., and Rev. William H. Benjamin, Augustus H. Abernethy, M. D., of Bridgeport, Conn., and Henrietta, daughter of the late John P. Stagg.

EKWURZEL—JAMESON.—On September 3d, in the Atlantic City M. E. Church, by Rev. John H. Hutchinson, William Ekwurzel, M. D., of Philadelphia, and Miss Mary E. Jameson, adopted daughter of George H. and Susan V. Macy, of Atlantic City.

LITTLE—WILSON.—At the house of the bride's father, No. 212 S. Fifteenth street, Philadelphia, September 17th, 1874, by Rev. John Forsyth, D. D., of West Point, and Rev. Z. M. Humphrey, of Philadelphia, Dr. William S. Little, of New York City, and Mary N., only daughter of Dr. Ellwood Wilson.

PHISTER—CAHILL.—At Mount Auburn, O., Sept. 1, at 8 o'clock P. M., by the Rev. Mr. Gray, Dr. Morris T. Phister, of Ripley, and Miss Anna Cahill, of Mount Auburn.

RICHARDS-TERRY.—At the residence of the bride's parents, Sunnyside, Jefferson county, Kentucky, September 3d, 1874, by the Rev. M. M. Benton, Jr., William L. M. Rickards, M. D., of Philadelphia, Pa., and Mary, second daughter of William Terry, Esq.

SHUTE—KOUNS.—At the residence of the bride's father, Captain I. H. Kouns, on September 2d, 1874, by the Rev. E. W. Howe, Ira E. Shute, M. D., of Kentucky, and Miss Georgia A. Kouns, of Lawrence county, Ohio.

STARR—GILBERT.—At Piermont, N. Y., on Thursday, September 17, 1874, by S. G. Hitchcock, William E. Starr, of New York, and Emma L., daughter of the late H. S. Gilbert, M. D, of New York city.

WAHL—LOWTHER.—On the 9th inst., in the Church of the Incarnation, by Rev. Joseph D. Newlin, Rector, Dr. William H. Wahl and Julia Lowther, both of Philadelphia.

DEATHS.

ARCHER.—In New York city, suddenly, on Sunday, 13th inst., of pneumonia, Dr. Anson S. Archer, son of the late Ellis S. Archer.

BARROWS.—At Eaton Rapids, Michigan, on the 4th inst., Dr. George H. Barrows, of Walnut Hills, Cincinnati, Ohio.

DIMMICK.—At Hopewell, Duchess County, September 9th, 1874, Eveline Hunter, wife of the late Samuel G. Dimmick, M. D., of Newburg, New York.

DRAKE.—At Rahway, N. J., on Wednesday, 2d inst., Julia A., wife of Dr. Lewis Drake, in the 68th year of her age.

ELSTUN.—On Wednesday morning, September 9th, after a long illness, Mrs. Lelia Elstun, wife of the late Dr. W. P. Elstun, of Columbia, Ohio, and eldest daughter of E. S. Turpin.

GERHART.—In this city, on the 13th inst., suddenly, Mary Maud, only child of Dr. Joseph M., and Clara E. Gerhart, aged 15 months.

KIRBY.—In New York city, on Sunday, September 6th, Charlotte Kirby, wife of Stephen R. Kirby, M. D., aged 76 years.

KLAPP.—In Rome, Italy, September 7, 1874, Devereux Klapp, eldest son of the late Dr. William H. Klapp, of this city.

POWERS.—In Woodstock, Vermont, September 9th, Mary E., wife of Dr. Thomas E. Powers, aged 63 years.

WARD.—At New Haven, on Saturday, Aug. 22d, Julia M., wife of Dr. Charles S. Ward and daughter of Rev. Isaac H. Tuttle, D. D., Rector of St. Luke's Church, New York city.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

SORE THROAT.

Two Lectures, delivered Sept. 24th and Oct. 1st, 1874, in Jefferson Medical College,

BY J. SOLIS COHEN, M.D.,

Lecturer on Laryngoscopy and Diseases of the Throat and Chest.

LECTURE I.

Gentlemen:—In view of the approach of the season at which acute sore throats are prevalent, I propose to devote two lectures to their consideration.

I treat of the acute inflammatory affections of the throat under the general head of Sore Throat, differentiating those which evince special characteristics. This I do because it is very rare to find any inflammatory affection confined to any one of the anatomical regions of the throat. When the palate is inflamed, for instance, the tonsils and the pharynx may be inflamed also; when the pharynx is inflamed, the palate and tonsils may be inflamed; and when the tonsils are the chief seat of the inflammation we often find the palate and pharynx involved in the process. Hence, therefore, I discard the numerous, and often too vague, *cynanches* and *anginas* by which the different varieties of sore throat have long been designated, as not presenting those definite ideas which should characterize scientific appellations.

Sore Throat may be acute or chronic; superficial or deep seated; idiopathic, symptomatic, or traumatic.

The ordinary causes of sore throat are:

Sudden or prolonged exposure to inclemency of weather or change of temperature, *i.e.*, "catching cold" when overheated, or becoming overheated after having been chilled; the promiscuous use of hot and cold food and drinks during the same meal; exposure to the inhalation or inspiration of deleterious solid, fluid, and gaseous substances in the atmosphere, which act mechanically or chemically on the mucous membrane; the abuse of certain medicinal agents; exposure to the fumes of tobacco smoke; excessive use of the voice; abuse in the use of condiments and rich food. Several of these causes may co-operate.

Common Sore Throat.

Simple inflammatory sore throat, superficial sore throat, erythematous sore throat, catarrhal sore throat; angina simplex, angina catarrhalis, angina erythematosa; pharyngitis simplex, pharyngitis catarrhalis, etc.

The most frequent variety of acute idiopathic sore throat is a simple erythematous inflammation of the mucous membrane of the palate, anteriorly and posteriorly, with which there is associated, in most cases, more or less similar inflammation of the mucous membrane of the tonsils and the pharynx; the mucous membrane of the mouth remaining normal. The symptoms of the affection are very trifling in mild cases; so much so, at times, as to attract but little attention. In cases of moderate severity the mucous membrane of the palate, tonsils and pharynx is congested, uniformly or in patches, and is often swollen; the submucous tissue of the pharynx being, in some cases, greatly relaxed, so that the mucous membrane lies upon the sub-structures in thick folds; at other times

it is more or less œdematous. Sometimes some of the mucous follicles are enlarged; most frequently those of the palatine arches, especially the posterior arches in contiguity to the tonsils; those of the pharynx being less frequently affected. There is an abnormal secretion of viscid mucus, clear or turbid, as may be, from all these structures, though, as a rule, not excessive in amount. The uvula is often swollen, or distended with serum, and its mucous membrane relaxed, so that it may lie on the base of the tongue, or on the posterior wall of the pharynx, or upon the laryngeal surface of the epiglottis, inducing an irritative tickling cough. Sometimes it appears as though pasted to one of the arches of the palate by the viscid secretion that covers it. In some cases the posterior arch of the palate is likewise distended with serum, so that the two folds appear like wings of a central portion, the body of the uvula, which no longer presents as a free and pendant structure.

Although more or less of the entire superficies of the throat may participate in the inflammation, the swelling is, in some instances, confined to the tonsils, and sometimes to one tonsil. The engorgement of the blood vessels of the tonsil excite, by pressure, probably, a condition of hyperæsthesia of the gland, which renders its entire surface exceedingly tender, and often very painful to the touch, and even to the contact of solid articles of nourishment in deglutition. If the tonsils are only superficially affected, they may, even when somewhat swollen, appear rather smaller than they really are, in contrast to the swelling of the palatine arches.

There is usually more or less feeling of heat and dryness in the parts, especially at first, with a moderate amount of dysphagia; the latter principally from the pain in swallowing, but sometimes, in part, from actual debility in the muscles of deglutition. There is usually some febrile movement, with acceleration of pulse and respiration. If the inflammatory action is at all intense, the local and constitutional symptoms soon increase in severity, the temperature of the skin rising to a marked degree, and the pulse registering, in the adult, from 100 to 120, and in some instances even 140 beats in the minute. With this, there will be pain in the back and limbs, sometimes severe, and increased by motion; as well as other symptoms of a nervous character.

In some cases the cervical glands become swollen and painful, but this is not frequent.

The disease usually completes its stages in from four or five to eight or ten days, with gradual subsidence of the inflammatory process back to the normal condition. Occasionally small-sized shallow erosions are formed at points in the epithelial layer, before retrogression commences, but this is by no means constant. When, as is often the case, but one side of the throat has been prominently affected, there will be great liability to similar involvement of the other side, after convalescence of a day or two; and if the patient is careless in exposing himself, the second attack may exceed the first one in severity. Caution in this regard is, therefore, highly important.

Deuteropathic or secondary sore throat occurs in extension of inflammations from contiguous parts, as the mouth, tongue, nose, larynx, etc.; also, as a rule, in the course of the acute exanthemata, scarlatina especially; occasionally in connection with various acute affections, typhoid fever, pneumonia, etc., and in many chronic affections also. The causes of the inflammation in the throat in these cases, when not due to slight exposure, as is only infrequently the case, are not well understood, and will not, therefore, be further referred to.

The Treatment of Superficial Sore Throat is very simple. Unless the case is so slight that no special medicinal treatment is advisable, the patient should be confined to a bed or a lounge to secure rest, a light coverlid being thrown over the body to equalize the heat of the surface. This will materially shorten the duration of the case, keep the symptoms in moderation, and restrain the liability to a termination in chronic sore throat; a result, often, of imprudence in exposure or employment during one or more acute attacks. An emetic is often of great service if a meal has been recently taken, something merely to empty the stomach and save the labors of digestion; inasmuch as the diet, throughout the attack, should be as unirritating and as digestible as possible. Mustard in water serves the purpose usually better than depressing emetics, as antimony, or even ipecac, or stimulating emetics, as the sulphates. As gentle a laxative as is judicious for the purpose, is indicated to facilitate the passage of matters already in the alimentary canal; and castor oil, magnesia, or rhubarb will often answer the purpose. If the patient is of a costive habit saline purges may be more appropriate, and a drastic

in case of actual constipation. If the pain is great a small amount of morphia may be added to the aperient with advantage; and, if the pulse is frequent, a small amount of aconite also. The free use of demulcent drinks, and of bits of ice, when cold is agreeable, will soothe the pain in the throat, and perhaps repress excessive secretion; and sponging the entire surface of the body with acidulated or alcoholized tepid water will allay intense heat of the skin.

This, with restriction to a very light and easily digestible diet for a day or two, will usually comprise all the treatment required, the disease frequently subsiding within the periods indicated. Indeed, in some instances, the use of the emetic alone, with rest in the recumbent posture, will constitute the entire sum of active therapeutical measures required.

In severe cases, when the pulse is frequent, and the other symptoms persistent, the administration of the tincture of aconite root in doses of one, two, or three drops, at intervals of one, two, or three hours, as may seem most desirable in individual instances, will almost always yield satisfactory results; so much so, that its use may be discontinued, or at least be distributed between more lengthened intervals as soon as any marked effect has been produced in lowering the rate of the pulse; for the tendency of the disease is to prompt recovery and spontaneously, as soon as the more violent symptoms exhibit evidence of abatement.

The prognosis, therefore, is always favorable.

Patients who are subject to sore throat should wear silk or woolen underclothing, and avoid continuing in wet garments longer than is absolutely necessary, that is, during the exposure itself only.

You will notice that I have not mentioned local treatment, except incidentally in the recommendation of demulcent drinks, and the use of bits of ice in the mouth. This is because the affection, though local, rarely needs topical treatment.

Appropriate local treatment, when requisite, consists, first, in the use of astringent lozenges allowed to dissolve in the mouth; any astringent usually answering an equally good purpose. If the mucous membrane is much relaxed, the frequent propulsion upon it of sprays of diluted solutions of alum; carbolic acid, and such articles, constringes the parts, and usually relieves their uneasiness in a few hours. Tannin, chlorate of potassa, sulphate of copper, etc., are often used for this purpose. In the absence of a spray apparatus an ordinary syringe can be employed as a substitute, the piston being drawn out while there are only a few drops of fluid in the nozzle of the instrument, and then suddenly forced down so as to drive the fluid from the nozzle in the form of a coarse spray.

The local application, around the neck, of compresses wrung out of cold or tepid water, as may be most agreeable to the patient, and changed frequently, is often a source of great comfort.

When the uvula is elongated or œdematous, and irritates the parts with which it comes in contact, it often gives occasion to frequent movements of coughing and of swallowing. Sometimes it is partially drawn into the œsophagus with the alimentary bolus. This condition of uvula usually occurs rapidly. It is readily recognized, and almost as readily relieved by a few punctures, which give vent to the effused serum, or by truncating the enveloping mucous membrane at the extremity of the tip of the mass. It is never necessary to excise the organ. Sometimes the entire uvula is enlarged from hemorrhagic stasis, and a few drops of blood may even exude to the surface. This condition is readily relieved by scarification of the mucous membrane.

A variety of common sore-throat characterized by serous infiltration into the submucous tissue of the pharynx, *angina pharyngea œdematosa*, is sometimes observed. It usually appears suddenly; and this circumstance, with the unusual amount of œdematous swelling impeding deglutition and respiration, more or less, distinguishes it from the more ordinary forms of catarrhal sore throat. It is not a serious affection; usually subsiding in about a week or ten days. It is rarely that any special therapeutic interference is indicated, the ordinary treatment for mild sore throat being adequate.

The tonsils rarely occasion any trouble in superficial sore throat, but when they do, the same treatment is required as that adopted in that form of sore throat to which I now invite your attention.

Phlegmonous Sore Throat.

Deep-seated sore throat; tonsillitis; quinsy; amygdalitis; angina tonsillaris, angina phlegmonosa, etc.

Phlegmonous Sore Throat exhibits a higher

grade of inflammatory action than that already discussed, and involves the submucous structures as well as the mucous membrane. Various changes take place in these tissues; abscess not infrequently, and that diffuse sometimes, in patients of enfeebled constitution, but more frequently circumscribed in sthenic cases; sometimes single, sometimes multiple, sometimes superficial, sometimes deep-seated or concealed. The tendency of the disease is to termination by suppuration or by abscess, though it often terminates in resolution spontaneously, and still more frequently under efficient treatment.

One variety of the disease is essentially a deep-seated pharyngitis, the inflammatory process involving the sub-mucous tissues especially, and exciting infiltration into them. It almost always progresses to suppuration, and the pus, uncircumscribed frequently, sometimes extends downward along the œsophagus, into which the abscess may be discharged, with a result of permanent stricture from the subsequent cicatrization. In other instances the infiltration into the connective tissue becomes rapidly purulent under acute phenomena of fever. The pus may gravitate so as to exercise direct pressure upon the upper air-passages, or block up the entrance into the larynx by the mere tumefaction of the pharynx, death resulting in from three to four days, and sometimes suddenly. The prognosis in this variety, therefore, is very unfavorable.

In the more frequent variety of phlegmonous sore throat the tonsils are affected to a greater degree than the contiguous structures; hence the disease is usually designated as tonsillitis. It is less frequent in patients with normal, than in those with morbid tonsils.

Phlegmonous sore throat is often ushered in by a distinct chill, usually followed, within twenty-four hours, by fever and its attendant general phenomena. Pain in the throat with a sensation of constriction usually appears at an early period, and gradually increases in severity, interfering more and more with deglutition. All the structures of the throat usually present evidence of inflammatory action on inspection, but the tonsils in particular; sometimes both tonsils in an equal degree, sometimes one much more than the other, and often, one gland alone being affected. The inflamed tonsil is discolored, swollen, and irregular in outline, presenting somewhat different appearances according to the peculiar tissue of the tonsil in which the inflammatory process is most active. This may be the parenchymatous or glandular structure itself, the secretory ducts of the follicles, or the connective tissue, the mucous membrane always participating more or less. When the ducts are affected, a whitish or yellowish creamy secretion occupies the surface of the tonsil more or less irregularly; in some instances adherent to the orifices of the ducts. The swelling involves the arches of the palate and its wings also, forming an angry-looking tumor. The swollen tonsil, in many instances, reaches the middle line of the pharynx. Occasionally the swollen tonsil encroaches on the pharyngeal orifice of the Eustachian tube, and may thus occasion noises in the ear and even hardness of hearing. When the posterior arch of the palate is inflamed and put on the stretch, the pain is continuous into the ears. Sometimes there is considerable œdematous infiltration into the palate and the uvula, and even into the constrictor muscles of the pharynx. Occasionally, too, there is œdema of the larynx, likewise, to a greater or less extent. The nature of the secretion varies; it is sometimes semi-fluid, sometimes membraniform; sometimes hemorrhagic; sometimes moist and viscid; sometimes very dry. The submaxillary glands often become engorged; and this tumefaction is not infrequently incorrectly refered to the tonsil itself rather than to the accompanying inflammation of the palate with which these glands are more directly connected anatomically. The tonsil is at a considerable distance from the inflamed glands, and cannot, except under unusual circumstances, be felt from the exterior.

As the disease progresses, the pain and local distress become intense in severe cases. In some instances deglutition becomes impossible; and in others, so painful that every effort at swallowing will be avoided; and the patient will lean forward, or to one side, so as to favor the escape from the mouth of the increased saliva and other products of secretion. The jaws may be so swollen that the patient can hardly open the mouth widely enough to permit inspection of the parts. Sometimes the pain and swelling are so great that the jaws cannot be separated. The tongue is swollen and covered with a thick, dingy deposit. Taste is impaired. The breath is offensive. There is more or less difficulty in respiration. The voice is thick or muffled, and often nasal in tone; and there is

great difficulty in articulation. As the disease advances, headache supervenes; sleep becomes difficult or impossible, sometimes from the mechanical impediment to respiration, and sometimes from pure nervous disturbance.

This form of inflammatory sore throat sometimes subsides by resolution, all the structures gradually resuming their normal conditions; but more frequently it proceeds to suppuration. One or more abscesses form, more or less superficially, which, if left to themselves, eventually rupture spontaneously. The progress of a superficial abscess can often be watched by inspection, and the point of rupture be detected by the sense of fluctuation. The deeper-seated abscesses cannot be detected before rupture, as a rule, unless they are unexpectedly discharged during incision into the parts, as a therapeutic measure. The abscess frequently ruptures at night, and its contents are then, not unfrequently swallowed, sometimes unconsciously. Sometimes it ruptures during a fit of vomiting. Whenever or however it opens, relief is usually immediate, and subsidence of inflammation prompt. Cases of suffocation have been recorded from passage of the contents into the larynx, usually by spontaneous rupture during sleep; but they are altogether exceptional.

The attack, when it runs through all its stages, usually continues for ten days.

The prognosis is favorable.

The treatment of this disease must be based upon antiphlogistic principles; but it is not advisable, without urgent reason for it, to employ venesection or even leeching, on account of the difficulty in administering food to repair the loss of blood, and to sustain the vital forces. An emetic will render efficient service early in the attack, not only to the system generally, but to the local affection also; especially if the stomach be loaded with undigested food. The mechanism of the act of vomiting may compress the muscles of the palate and pharynx upon the tonsil, and thus favor the onward flow of some of the blood with which it is engorged. A non-depressing emetic, such as mustard, is the most appropriate. A saline laxative may be administered every three or four hours for a day or so, or until an obviously favorable effect has been maintained for some hours, each dose containing a drop or two of the tincture of aconite root, with the addition of a suitable amount of morphia if indicated by the pain. The inhalation of steam from water alone, or from water impregnated with such remedies as hops, chamomile flowers, or the watery extracts of opium, belladonna, or conium, the camphorated tincture of opium, or the compound tincture of benzoin, will soothe the parts a great deal. So also will the frequent projection of sprays of warm water, simple, or slightly aromatically medicated with cologne or toilet vinegar; which, when agreeable to the patient, as they almost always are, can be repeated as frequently as desired. The subcutaneous injection of morphia into the swollen structures themselves, or into the swollen lymphatic glands, or the submaxillary region, is said by some authorities (Schrœtter) to yield excellent results; but I cannot speak of this practice from experience.

Warm and moist applications externally give considerable relief, especially when the cervical glands are tender and swollen. They should be renewed frequently, so as to maintain equable warmth and moisture.

Gargles are not of much value; principally because their proper use entails too much pain. Medicated sprays, however, propelled upon the parts, are very efficient local applications. Aqueous solutions are preferable, containing tolerably large quantities (say twenty grains or more to the ounce) of alum, tannin, sulphate of zinc, or what I have seen most efficient, sulphate of copper; care being taken to guard against the deglutition of any of these solutions. They may be used by the syringe, in the absence of "spray machines." Powders of alum, tannin, krameria, etc., in various dilution with lycopodium, liquorice, bismuth and the like, may be blown upon the parts by means of a tube of some kind. The topical application of nitrate of silver in stick, or by sponge, mop, or brush, is very rarely practicable in a satisfactory manner, and is just as often unnecessary. Nothing which will excite movements of gagging, hawking, or expectoration, should be done without due cause for it.

If the tonsils are very much inflamed, and the suffering therefrom intense, great relief will follow efficient scarification or incision, the bleeding being encouraged by mouthfuls of warm water. A narrow sharp-pointed bistoury, with its edge turned toward the cavity of the pharynx, may be thrust into the tonsil so as to cut it transversely towards its free surface, in its withdrawal, and this may be done at two or three points in succession. The relief to pain and tension is often immediate, and the facilita-

ted circulation in the parts promotes the prompt resolution of the inflammatory process. Sometimes these incisions open abscesses in the interior of the tonsil, the existence of which, though conjecturable, could not have been otherwise determined. When suppuration is already evident, there can be no doubt as to the propriety of incising the abscess, and this should be practised at the most prominent accessible point, care being taken to keep the edge of the knife directed toward the interior of the mouth, so as to prevent injury from untoward movements of patient or operator. For like reason, the knife blade should be protected by a covering beyond the distance from the point which may be required for penetration. The abscess being discharged, recovery is prompt, unless there are other abscesses; in which case it will be delayed until they have all run through their course.

The general treatment is similar to that employed for simple sore throat. The general strength must be conserved as much as possible; and when liquid food cannot be swallowed, nourishment by enema is indicated. Efforts of deglutition should be spared whenever practicable; and, in this view, medicines which can be administered by inhalation, by enema, or by hypodermic injection should be selected in preference.

When the affection has been limited to one side, the other side not infrequently becomes affected during convalescence or shortly after. When this is imminent, the administration of tonics and stimulants is indicated to maintain the forces of the patient during the second and sometimes severer attack.

Ulcerous Sore Throat

Phagedenic sore throat, malignant sore throat, gangrenous sore throat; angina ulcerosa, angina gangrenosa, angina maligna; tonsillitis maligna, etc.

The term Ulcerous Sore Throat has no reference to the superficial ulcerations of the mucous membrane in ordinary forms of sore throat; but, on the contrary, to a special, and, apparently, inevitable ulceration of tissue which forms the characteristic local feature of the disease. It is not frequent. Moderately severe, only, in some cases, it exhibits from its commencement, in others, a tendency to phagedenic ulceration of a malignant character, resulting in gangrenous obstruction of tissue over a large extent of surface, even involving the blood vessels, and thus occasioning alarming, and sometimes fatal hemorrhage; being attendant upon that low general systemic condition denominated typhoid. It sometimes follows scarlatina, and is occasionally present in diphtheritis. Sometimes it supervenes upon measles, small-pox, dysentery, and typhoid fever. It also occurs in syphilitic sore throat, and sometimes in epithelial cancer of the throat; in these instances beginning in the palate usually, and thence extending to the tonsils and the pharynx. At times it occurs in cases of tuberculous phthisis. It is rarely a sequel of simple inflammatory sore throat, though sometimes preceded by common membranous sore throat. In short, it may ensue upon any form of sore throat.

It is often accompanied by an irregular, erythematous eruption on the skin. There is a low type of fever, with glassy eye and a haggard expression of countenance. The pain is not severe as a rule. The dysphagia is slight. The tongue supports a dark creamy, pultaceous secretion; similar masses being occasionally seen on other mucous structures of the mouth and throat. The tonsils are swollen and darkly congested. The palate and uvula become swollen and œdematous, and the pharynx, too, is often swollen At an early period, dark ashy-colored ulcers with excavated edges are to be observed on the tonsils and contiguous surfaces. These soon slough out with more or less of the surrounding tissue; and the ulcers left become covered with a somewhat continuous, sanious, ichorous, fetid secretion. The cervical glands become swollen and tender; extension to the pharynx and nares is not unfrequent; that to the larynx is rare. The ulceration extends rapidly, destroying those tissues which are subjected to its ravages. Occasionally the process is limited to the tonsil. Cases are on record of fatal hemorrhage from penetration of the carotid artery.

The secretions and excretions escape by mouth and nose; and they are exceedingly fetid. Portions, too, are doubtless swallowed. Diarrhœa frequently occurs, and is soon followed by death.

The Diagnosis, in the early stages, is only determinable by the depressed state of the general system, the dark appearance of the structures affected, and the absence of severe

pain. When the case has made any progress, its characteristic ulcerous appearance leaves no doubt as to the diagnosis.

In some cases the ulcerous process begins upon the posterior surface of the soft palate, and great ravages are committed before its peculiar character has been detected; the inflammatory evidences anteriorly being usually such as indicate imminent ulceration on that surface without directing special attention to the condition of the opposite surface. Inspection of the posterior surface of the palate by means of the rhinoscopic mirror is therefore advisable in every severe case in which ulceration might be suspected.

The Prognosis is unfavorable, although recovery is not infrequent. Death may take place by syncope, coma, asthenia, or hemorrhage.

The Treatment of this form of sore throat must be of the most active and supporting character; such, in few words, as is adopted for the arrest of gangrene in any portion of the body. Eggs, milk, cream and nutritious soups are to be administered as freely as the patient will take them; and quinine in large doses, tincture of the chloride of iron, and brandy in no stinted measure, are indicated. As there is little difficulty in swallowing usually, a sufficient amount of nourishment can almost always be taken by the mouth.

The topical treatment is very important. While the disease is superficial, bromine, muriatic or nitric acid, acid nitrate of mercury, caustic potassa, etc., may be employed so as to destroy the diseased tissue promptly, in the hope of exposing a healthy surface beneath, which will heal up by granulations. When this is unsuccessful, or too dangerous in cases where the blood-vessels are probably involved, we can only palliate the symptoms by weak solutions of acids and astringents, to which opium may be added; and must depend on constitutional measures for restraining the process. Washes and sprays of chlorate of potassa, and the like, as employed in common sore throat, are often agreeable to the patient; but they have no direct therapeutic influence on the progress of the disease. If the ulceration is extending into the vicinity of the great vessels of the neck, measures for compression should be at hand for the use of the nurse; and instruments accessible with which to secure the carotid artery when called to the case in the contingent emergency.

When phagedenic cases recover, a horrible amount of deformity often remains to mark the ravages of the ulcerous process. During cicatrization the positions of contiguous parts become very much altered. The palate may become adherent by its sides, and by more or less of its posterior surface, to the pharynx, in some instances amounting to complete occlusion of the nasal portion of the pharynx. These conditions demand surgical operation, and are very difficult to overcome.

Communications.

A TRIP TO THE "VIRGINIA SPRINGS."

BY LAURENCE TURNBULL, M.D.
Of Philadelphia.

This is my third visit to the Old Dominion. The first was in the year 1850, as a delegate to the American Medical Association, which met at Richmond, the Jerusalem of Virginia, it being built upon hills, and being the centre of wealth, intelligence and refinement. The second was after the war, when everything was sadness and desolation, and we were glad to leave it. Our third visit was owing to a polite invitation from a patient residing on a beautiful place three and a half miles from Warrenton, Fauquier county, a fertile and beautiful mountain region, but which has suffered from the excessive drought of a powerful summer's sun. Prior to our visit to our friend's hospitable mansion, we made a trip to the springs, and first to the Bath Alum Springs. This watering place is situated on the eastern base of the Warm Springs mountain, in the county of Bath. It is ten miles from Millboro depot, on the Chesapeake and Ohio railroad, and immediately on the main stage road leading from Millboro to the Warm, Hot, and Healing Springs. At this point there is a very good hotel, and the ladies of our party spent a pleasant night after the fatigues of a ride from Washington, D. C.

After a rough ride, of three hours, over a true mountain road, diversified by a visit to caves, etc., we arrived at the Bath Alum Springs. The scenery is remarkable for its wildness and grandeur, and the elastic pure air gave us an appetite to do justice to the bountiful re-

past supplied by Captain J. Henry Freeman, the manager of the springs.

Our first visit to these springs was of too short a duration to see or test them, but on our second we were accompanied by the affable and accomplished physician to the springs, Dr. Geo. W. Carrington, of Richmond, Va., who gave us the following statement:—

Medical Properties and Uses of the Bath Alum Springs.

The value of these waters as a remedial agent for the treatment of scrofula, erysipelas, chronic diarrhœa, dyspepsia, neuralgia, general debility, nervous prostration, and cutaneous diseases, has long been established, and, from a long list of certificates in numerous diseases of long standing, now in his possession, the proprietor invites the attention of medical men to extracts of letters from two eminent physicians of Bath county.

Dr. A. G. McChesney is well known as a very eminent physician, and his letter speaks for itself:

WARM SPRINGS, BATH COUNTY, VA., October 10th, 1866.

"*My Dear Sir:*—It affords me pleasure to comply with your request for my opinion of the medicinal and curative properties of the Bath Alum Springs, Va. Having resided at the Warm Springs (five miles distant) for fourteen years, I attended every summer a large number of patients at Bath Alum. I have, therefore, had the most favorable opportunities for witnessing the curative influences of these waters in the treatment of the large class of diseased conditions of the human system to which they are adapted, and I do not hesitate to say that I consider them unsurpassed.

"The waters are tonic, deobstruent, alterative and astringent. The diseases in which I have noticed the most marked beneficial effects are anemia, scrofula, enlargement and ulceration of the glands, chronic dysentery and diarrhœa, particularly that form of it attended with a pale and flabby tongue, menorrhagia, amenorrhœa, depending upon or resulting from debility."

The following letter of the late Dr. Strother is copied from Burke's work on Virginia Springs. Dr. Strother was for twenty-five years the leading medical practitioner of Bath county. He was a most skillful and eminent physician, and a more honorable, high-toned gentleman never lived.

DR. BURKE:

"*Dear Sir:*—I give concisely the result of my acquaintance with the Bath Alum Springs and its medical virtues. My knowledge of it as a remedial agent commenced soon after its discovery, and is probably more extended than that of any other person, as I have been in the habit of advising its use in the treatment of disease.

"In the cure of scrofulous eruptions and dyspeptic diseases it merits a high character. In hepatic derangement of long standing, with all its attendant train of symptoms, when medicine has been tried in vain for years, as well as some of the most approved Mineral Springs, I have known the Bath Alum to produce the most decided effects, and there are now many living evidences of the truth of this assertion.

"In chronic diarrhœa, chronic thrush, dyspepsia, and nervous debility, and in some cases of neuralgia, I believe it has no superior. In the class of diseases affecting the uterine organs the influence of this water has been felt most happily in all the cases in which it has been used under my direction.

"In that deplorable form of the disease of the organs, habitual menorrhagia, emptying the blood vessels and producing prostration of the nervous and muscular systems, and rendering life a burden, I have known more good to follow the properly restricted use of this water than from all other agents combined."

The Springs, etc.

Outside the lawn, below the public road, and underneath a slate stone cliff fifteen feet high, will be found the Alum Springs, also a Magnesian Spring of great value; see Analysis, No. 2. The waters issue from the cliff, and are received into reservoirs excavated near each other in the rock. These different springs or reservoirs differ essentially from each other. One of them is a very strong chalybeate, with little alum; another a milder chalybeate, with more alumina; while the others are alum of different degrees of strength, but all containing an appreciable quantity of iron.

The following is an analysis made by Prof. Aug. A. Hayes, of Boston. Those interested are referred to Dr. Burke's "Virginia Springs," and to Dr. Moorman's "Mineral Waters of the United States and Canadas." For further analysis of these springs, and as compared with that of the famous Rockbridge Alum Waters, see Moorman, page 289.

The first sample of Bath Alum, at a temperature of 60° Fahr., one standard gallon of this water contains:—

OF BASES.

Soda	0.720
Potassa	traces.
Ammonia	0.830
Lime	1.570
Magnesia	0.960
Protoxide of Iron	6.876
Alumina	3.080

OF ACIDS.

Sulphuric Acid	24.750
Carbonic Acid	4.140
Silicic Acid	1.390
Organic Acid	1.020
Chlorine Acid	0.107

When their proximate constituents are arranged so as to represent, as nearly as it is possible, the compounds which experiments prove to exist in the water, the composition of the whole may be expressed as—

Pure Water	58328.557
Free Sulph. Acid	5.806
Carbonic Acid	4.140
Sulphate of Lime	3.805
Sulphate of Magnesia	2.821
Protoxide of Iron	14.516
Alumina	10.288
Chloride of Sodium	0.076
Silicate of Soda	2.024
Crenate of Ammonia	1.850
Oxygen added to Sodium	.017
	45.443

Bath Alum No 2.

One gallon of this sample contains:—

IN SUBSTANCES—AS BASES.	
Potassa	0.140
Soda	0.350
Ammonia	0.462
Magnesia	0.486
Lime	1.049
Protoxide of Iron	10.314
Alumina	3.680
AS ACIDS.	
Sulphuric Acid	30.359
Carbonic Acid	3.846
Organic Acid	1.310
Silicic Acid	2.800
Chlorine Acid	trace

Composition of the Gallon in Grains is—	
Free Sulph. Acid	7.873
Carbonic Acid	3.846
Sulphate of Potash	.258
Magnesia	1.282
Lime	2.589
Protoxide of Iron	21.776
Alumina	12.293
Crenate of Ammonia	1.776
Silicate of Soda	3.150
	54 798
Pure Water	58317·202
	58372.000

In addition to the above, there is a very fine Chalybeate spring, very similar, and believed superior to the celebrated Rawley Springs water, and several other valuable mineral springs not yet analyzed.

From the Bath Alum Springs we started across the mountains, without a mouthful of breakfast, to the Warm Springs, five miles further, and fifteen miles from Millboro. The roads and stages are pretty good, but we trust they will soon have railroad communication. We arrived in time for breakfast, after which we took a survey of the springs, and first, as to the supply of water for bathing purposes. The flow of water from all the springs and baths is estimated at six thousand gallons a minute, and forms a stream sufficient to drive a large mill.

THE BATHS.

There are two large baths, attached to which are smaller or private baths, douche or spout baths. Also cold water, plunge, or shower baths.

The gentlemen's bath is an octagon, about forty feet in diameter, and one hundred and twenty in circumference. It is from 95° to 96° in temperature, and is supplied with hot sulphur water, of which it holds forty-three thousand gallons, by springs pouring forth one thousand gallons per minute. We took a bath of these medicated waters, for which we paid twenty-five cents, as do all who indulge in this luxury. No warm bath could be more delicious. The water is bubbling about you, and I had to be warned not to remain, for the first time, longer than ten minutes, while there were old, middle aged, and children who had been from one-half to an hour sporting about with the greatest delight. The effect of the bath upon me was exhilarating, terminating in a free perspiration. It is found that if the skin is not affected in this way it is depressing. The physician resident at these springs is a gentleman of great experience and judgment, Dr. Daniel A. Langhorne, of Lynchburg, Va.

Our next visit was to the Hot Springs, situated five miles from the Warm Springs. We visited the baths and spouting stream of water, and drank of the fine springs of sulphur and cool water, free from all contamination. The lawn, baths, etc., are in fine order, the temperature of the Hot Springs being from 106° to 108° F.

The resident physician, whom we did not see, is Dr. Cabell, of the University of Virginia.

We then returned to Millboro and got upon the railroad train at half past five, and arrived at the White Sulphur at eight o'clock P. M., in the midst of a crowd of visitors. The Hotel is the largest of its kind in Virginia, being four hundred feet in length, by a corresponding width, and covering more than an acre of ground. The dining room is upwards of three hundred feet long by a corresponding width, and conveniently seating twelve hundred persons. There are also a large number of cottages for families.

MEDICINAL CHARACTER OF THE WATERS.

The medicinal influences of the Sulphur water upon the system are diuretic, sudorific and alterative. The cathartic character is slight, and we noticed several persons taking a portion of common salt to increase this quality. There is also a chalybeate spring about forty rods from the White Sulphur.

The baths which can be had by heating this sulphur water by steam are truly valuable in skin and other affections, under proper advice from a physician, or the resident physician at the Springs. For many years it has been the great central point of reunion for the best and gayest society of the South, North, East and West, that here mingle together under circumstances well calculated to promote agreeable social intercourse. Physicians are to be found from every part of the country, who are free to practice without let or hindrance, but the chief physician of the

Springs is the veteran Dr. J. J. Moorman, who has long resided there, and who has written one of the best works* upon the subject. He has associated with him in the practice, Dr. T. B. Fuqua. While we were there we heard of numerous remarkable cures treated by the earth process, by its discoverer, Dr. A. Hewson, the distinguished surgeon of Philadelphia, who has won golden opinions by his agreeable manners, and attention to his patients.

Hospital Reports.

Hospital of the University of Pennsylvania.

By Service of Prof. D. Hayes Agnew, M. D.

Reported by De Forest Willard, M. D.

Clinic on Calculus—Lithotrity.

Gentlemen:—I bring before you a patient who has been complaining for many years of symptoms which are briefly as follows: frequent desire of micturition, straining in performing the act, sudden arrest of the flow, followed, after some minutes of expulsive efforts, by a renewal of the stream, pain in the bladder, perineum and end of the penis.

These, as you all know, are distinctively the features presented by a case of stone in the bladder, and yet no one is justified in establishing a diagnosis without a thorough physical exploration of the parts, since stricture, cystitis, enlargement of the prostate, and several other diseases may give rise to a very similar train of symptoms. The steel sound is therefore always to be employed in every case of vesical disease in which the symptoms have been of long continuance. By means of this instrument the presence of a foreign body can be easily detected, unless it is hidden away in some cyst or pouch, formed either by a sacculation of the viscus, or by inflammatory lymph.

The existence of such disguised cases should always be remembered, and a single examination is not sufficient to decide the question as to the non-existence of a concretion. By varying positions of the patient, however, and by different degrees of distention of the bladder, you may usually detect one if present. I would earnestly warn those of you who may be consulted by patients living at a distance, that you do not send them upon their return journey on the same day of the exploration, since cases of "urethral fever," accompanied by chill, flashes of heat, pain, etc., are not uncommon. The best preventive of this unpleasant occurrence will be a full dose of morphia, together with rest in a warm bed.

I introduce a large sound into this man's bladder, and as I now attach a sounding-board of deal wood, the click of a hard body will be heard in every portion of the room. We are satisfied that he has a calculus, and in order to discover its size, I withdraw the instrument, introduce a lithotrite, and by grasping the stone in several positions am satisfied that it is not large. Again, to ascertain if there are multiple concretions, I secure this one in the grasp of the lithotrite and then use it in sounding for others. I discover none. From the click which the stone gives to my instrument, and from its surface, I should judge that it was largely composed of uric acid, a fact which can be further established by testing his urine, which in such a case should be acid, and throw down a deposit of urates.

Were the urine alkaline, with large phosphatic deposits, we should infer that at least the covering of the concretion consisted of phosphates.

Again, oxalate of lime may be discovered in the urine, but a mulberry calculus is not often difficult of diagnosis upon contact with a sound. Stones, however, are frequently mixed in their composition, the nucleus differing from the covering, or the several salts being deposited in alternating layers. An educated touch will soon detect the differences in the various forms, almost as soon as struck.

I have so frequently spoken to you of the cause and method of formation of these bodies, as well as of their various composition, that I need not again dilate upon these points. The most important question is as to the method of relief. The two operative modes of treatment are lithotomy, and lithotrity or lithontripsy. The former you have seen me frequently perform in this amphitheatre, and know that is my favorite procedure; but the latter is certainly a valuable operation in a certain number of cases, and it is the plan which I shall pursue in this instance.

In giving lithotrity the preference in the present case I am influenced by the age of the patient (73), by the large and healthy condition of his urethra, by his freedom from renal disease, and by the probable soft nature of the calculus. These are the chief determining points in deciding this question. His age is such as to render any operative procedure somewhat hazardous, but lithotomy at this time of life is quite liable to be followed by a fatal result, and lithotrity is certainly preferable if at all possible. Of course, it may be followed by a low form of cystitis, and is frequently complicated by enlargement of the prostate, but these are conditions the risks of which must be undertaken, since this stone, if left to itself, will certainly produce serious consequences.

In young children the two operations admit of no comparison, lithotomy being almost uniformly successful, while lithotrity is difficult and dangerous, from the small size of the outlet for fragments, and from the irritable condition of the parts. From puberty to the age of sixty, the advocates of lithotrity advise that nearly all stones less than one inch in diameter,

* Mineral Waters of the United States and Canada. Kelly, Peet & Co., Baltimore, Md.

or falling below one ounce in weight, be crushed, while larger ones be removed by the knife. I am still, however, inclined to believe that lithotomy would yield as large a percentage of cures in the *same class of cases*, as is now reported from lithotrity. It must be remembered that the latter is ordinarily performed under the most favorable circumstances. The stones, small in size, are consequently of more recent date, and are correspondingly less liable to be associated with serious disease of bladder or kidneys, one of the most important of all complications, since most likely to cause a fatal result. Lithotomy is performed upon all classes of cases, after the most favorable ones have been selected for lithotrity; with old and large calculi, and with numerous coexisting maladies. Is it any wonder, then, that it yields a higher mortality? When we have statistics based upon the comparative merits of the two operations, in precisely similar cases and conditions, then and only then can we arrive at a truthful conclusion. Do not understand me that I am opposed to the operation, for I am decidedly favorable to it. I am only defending lithotomy from unjust comparisons.

An oxalate calculus does not necessarily preclude the crushing operation, provided it is not larger than a bean, but one of large size will break an instrument. It is liable, also, to present very sharp fractured angles. The soft phosphatic form is certainly the most desirable one, although the minute fragments into which it is reduced may form nuclei for secondary formations.

When several stones exist the cutting operation is preferable. I have spoken of the state of the urinary apparatus as determining the choice of operation. With an irritable or strictured urethra, I should decide against lithotrity, unless the former condition could be relieved by the passage of instruments, or the latter dilated to the full extent of the normal tube.

With cystitis, or an irritable bladder, the presence of the sharp-edged fragments is frequently productive of fresh inflammatory conditions which seldom arise after lithotomy. With diseased kidneys, the urine containing albumen and casts, the last mentioned operation yields but one exciting cause of new inflammatory changes, while lithotrity offers several. With sacculated and atonic bladders, the crushing operation is seldom advisable. With enlarged prostate the difficulty of clearing the bladder of the debris following crushing was formerly considered as unfavorable to the method, but with the recent advances in the means of completely emptying the viscus, I do not see that it offers any obstacle.

In the present case I am led to lithotrity, for the reasons which I have above named, and from the fact that the urine contains only a little mucus. The condition of the urine should always receive careful examination before any attempt at operative procedure.

Having decided upon the operation, preparatory means should be taken to obtund the sensibility and irritability of the urethra and bladder, by the occasional passage of sounds, and by rest, alkaline drinks, etc.

In regard to anæsthetics, I avoid them in all cases where the effect of shock would not more than counterbalance the benefit to be derived from the intelligent sensations of the patient.

I do not inject the bladder as a rule, merely directing the patient to avoid passing his urine for an hour preceding the operation. With the old Fergusson lithotrite this was a matter of necessity, lest the mucous membrane of the bladder be caught between the blades, but with Thompson's instrument, in which the female blade is made wider than its fellow, I see but little danger if due care is used. This Thompson's lithotrite, which you here see, is a most excellent instrument; the male blade is easily slid upon its fellow, and the other mechanical arrangements are nearly perfect. The blade is made from a solid piece of steel, and not by being bent into position from a straight bar. Any instrument, however, should be thoroughly tested by being made to crush large fragments of stones previous to its use, since the breakage of the arm would be an unpleasant occurrence in the middle of an operation. Such an accident would render lithotomy at once necessary.

The best lithotrity position is at the foot of a hard bed or low table, in such manner that the operator can stand between the knees of the patient. In cases of enlarged prostate the hips should be considerably elevated, in order that gravity may cause the stone to escape from its hiding place at the base of the bladder.

If you will watch the introduction of this well oiled instrument you will see that it is easily accomplished in the normal urethra, but if the canal was narrowed at the membranous portion it might be quite difficult. Any hindrance at the prostate could be relieved by a finger in the rectum. Once entered, the work of seizing the stone is commenced, a procedure which is sometimes easy, but frequently quite difficult. For myself I prefer only a very moderate distention of the bladder. When the lithotrite comes in contact with the calculus, the blades are opened, and the body is made to fall between them, when it is grasped and fastened. Thompson lays down certain rules to be observed in this search, which may be of service when the body cannot be easily found, but as a rule you can be best guided by the point at which the instrument is impinged upon. These groping positions he names "vertical," "right and left inclined," "right and left horizontal," "right and left reversed inclined," and "reversed vertical." A finger in the rectum will sometimes lift a stone from its bed and bring it within the grasp of an instrument, but the difficulties of seizure are not ordinarily very great.

I now rotate the instrument, to assure myself that it is free from the mucous membrane, and then slowly turn the screw until the stone yields. Some advise the rapid movement, in order to percuss the stone and split it, but I

prefer the slower crushing process. The blades being run down together, one of the fragments is seized in the same manner as at first, and the breaking process repeated, the length of the sitting being regulated by the amount of pain and irritation developed. This old man, as you see, suffers from the pressure of the instrument and from the manipulations, and we will not, therefore, prolong the process beyond breaking the stone and one or two of the fragments, preferring to leave the remaining necessary operations to a subsequent time, rather than to light up an inflammation which might prove most disastrous. The stone crumbles easily, and as I now close and withdraw the blades some minute fragments of a soft uric acid stone are removed, with but little blood.

The patient will be at once placed in a warm bed, and suppositories containing two grains of opium and one quarter of a grain of ext. belladonna introduced into his rectum. He may drink liquid in full amount, but must not be allowed to rise while passing water, for the first forty-eight hours, lest some fragment fall forward and become lodged at the neck of the bladder, or in the urethra, and add to the irritation. In the event of such an accident, the attempt may be made to return the fragment to the bladder, by means of a catheter, or by full injections, or it may be coaxed forward by urethral forceps, or a short-bladed lithotome. These failing, and the suffering great, the knife must be used to cut directly down upon the body.

In this case I have broken the stone so finely that the debris will probably soon begin to pass away, although we shall not permit the man to strain at all, preferring that the fragments become a little "water-worn." In order to pulverize the remaining pieces a second operation may be performed in from three to six days, according to the amount of irritation produced, but I prefer to wait a longer time, unless the patient is in haste for a cure. In some cases vesical tenesmus may occur, either from the excitement of a slight hemorrhage, or on account of an excessive irritability. Should this occur, the morphia must be increased until all pain is relieved. The diet should consist of milk, eggs, and beef tea.

Should the bladder prove unable to expel the fragments, either from previous atony or resulting partial paralysis, or from enlarged prostate, it may be thoroughly washed once a day, through a catheter having a large eye upon its concave surface, or by Clover's or Dittel's apparatus. The fragments may also be extracted by suction, a bottle from which the air has been exhausted being attached to a catheter fitted with a stop-cock.

As a rule, however, I prefer that the bladder be left to itself as much as possible.

The number of sittings required to completely crush a stone will depend upon its size and composition. If the concretion is hard the first operation will only divide it, perhaps, into two or three pieces, too large to pass the urethra, but in calculi composed of urates, or phosphates, or both, the debris, and sometimes fragments of considerable size, will speedily begin to appear. In some cases, where the several portions seem to form nuclei for new formations, a dozen operations may scarcely complete a cure. This chance of secondary formations is so formidable a one that the surgeon should never dismiss his patient until he is satisfied that every portion of the detritus has escaped, a condition which must not be inferred by the mere absence of symptoms, but determined absolutely by soundings, washings of the bladder, or by violent exercise. Behind the danger of the retention of a small fragment, moreover, lies the constitutional predisposition to the formation of stone, and patients should always be warned of the possibility of return.

In some cases the symptoms of vesical irritation will be greatly increased by the presence of the many sharp-edged pieces, but in others almost immediate amelioration of the symptoms occurs.

In regard to the fatality of lithotrity the best statistics make the mortality between six and seven per cent., but Sir Henry Thompson asserts that he has never lost a case where the stone was not larger than a small nut, the size at which it should be discovered. In larger stones his results are far more encouraging than those of lithotomy, but, as I have already said, we must remember the different conditions under which the two operations are performed.

(The patient, six hours after the operation, was seized with most intense vesical tenesmus, due to the contraction of an exceedingly irritable bladder upon the fragments, and accompanied by almost total suppression of urine for twenty-four hours. A catheter carefully introduced secured no urine, and but little blood. The violent pains were only arrested by large and repeated doses of morphia administered hypodermically. The supra-pubic region was only moderately tender, and stupes and hot fomentations so alleviated the symptoms, that, under the use of diuretics, he was greatly improved in thirty six hours, and in a few days the previous vesical irritation had almost entirely subsided, and he was able to retain his urine for six or eight hours at a time. The fragments continued to pass for several weeks, and at the end of that time the lithotrite was again used, and this time with no subsequent unpleasant symptoms. Since that time all the debris has come away, the pain and difficulty in micturition entirely disappeared, and several careful soundings reveal the fact that no fragments remain behind. He now considers himself cured. The weight of fragments passed was nearly one ounce.—De F. W. Med & Surg. Reporter Phila

—Dr. Jousset de Bellesme has lately made a special study of the poison secreted by the scorpion, and has conducted a series of experiments showing its physiological action upon the blood. These experiments are recorded in an "Essai sur le Venin du Scorpion," published in the "Annales des Sciences Naturelles."

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

REPORTED BY J. W. P. BATES, M. D.

Meeting of Sept. 14th, 1874.

Tumor of the Neck.

Dr. Caldwell requested the privilege of bringing a patient before the Society, with a view of getting the opinions of the members as to the best course of treatment to pursue. The patient came under his care a few months ago, and he gave the following history of the case: The lady, aged about twenty-five, noticed about fifteen months ago an enlargement of the right lobe of the thyroid gland. This increased very rapidly in size until it attained the large dimensions you now see, occupying nearly the whole of the space between the inferior maxilla and the clavicle, and extends from a little to the left of the trachea back to near the spinal column. It interferes very much with respiration, and is the seat of constant pain, not lancinating, but of a dull, aching character. She is much debilitated, and the only relief I have been able to give her was by the hypodermic injection of morphia in large doses, which interferes with her appetite. The tumor is freely movable, and has not the sharp well defined edges of scirrhus, nor the characteristic pain. There are also some small tumors of the same character on the chest, and the glands of the axilla are enlarged and quite hard. When I first saw her, there was some tumefaction of the mamma, but that has disappeared. I suppose the mass to be fibroid, and the important question is, what can be done for her relief? On account of the large size of the mass, the doubt in regard to its nature, the debility of the woman and the importance of the adjacent parts, I did not think the knife could be used with safety; I did not think galvano-cautery could be used, because she would not be able to support the drain from the large sloughing surface which it would produce. I thought that, probably, by passing needles through the mass, thus separating it into several parts, the elastic ligature could be used as recommended by Prof. Dittel, of Vienna. I would like the gentlemen to examine the case, and give me their opinion in regard to the propriety of operating.

Dr. Latimer said that from an examination of the case, he thought that most likely it was a fibroid, but he would not like to commit himself positively to this opinion without closer investigation. If his opinion was correct, benefit might be derived from the hypodermic injection of ergot. Ergot had been found to be a valuable remedy in the treatment of fibroids of the uterus, and although some thought that it had a special effect on the uterine muscles, producing strangulation of the tumors, by keeping up strong contractions, he was not disposed to agree with them, but believed that it acted on the vascular system by means of the vaso-motor nerves. If his view be correct, ergot would be applicable to fibroids in any part of the body. If it did no good, the part of the tumor lying on the trachea might be removed without much danger, and that would relieve her of many of the urgent symptoms.

Dr. Williams did not think the case was suited for an operation. He could not agree that it was by any means certain that it is fibroid in character, but thought, from the history of the case, the short space of time it has taken to attain its present size, and the pain, that it is malignant. It is not usual to see such a general implication of the glands in benign tumors. He thought it was most probably encephaloid or colloid in nature, and the moment you operate you will increase the rapidity of its growth and establish a drain that, in her debilitated condition, she is unable to bear. He did not think the removal of a part, as recommended by Dr. Latimer, would give relief enough to justify the risk, and he did not see how the elastic ligature, as proposed by Dr. Caldwell, could be applied so as to prove effectual. Were it his case he should say that any operation is inexpedient.

Dr. Uhler thought that only a microscopic examination could decide the question as to its nature.

Dr. Latimer said that fibroid tumors, in some forms, approach very nearly to malignant growths, and it is frequently impossible to tell where the benign character ceases and the malignant begins. He did not think an operation would be so dangerous, but he would not recommend it, unless the symptoms were very urgent, because it would only give temporary relief, and there is no hope of ultimate success. If it continues to grow it will soon obstruct the circulation.

Dr. Caldwell said that it is difficult to decide as to its nature, and a microscopic examination might solve the question, but even that is not always decisive. One of her relatives died of cancer, and there are some symptoms in the case which seem to indicate that it is malignant, but considering the character of the pain, etc., he had concluded that it is fibroid.

Dr. Currey remarked that he first saw this case some months ago. It started as two tumors which were separate and distinct. One was near the median line of the neck, but had no connection with the thyroid; the other was posterior to it. During this early period she became pregnant, and then they grew very rapidly. The propriety of an operation was discussed, but the idea was dismissed on account of her great weakness. Dr. Butler thought at that time that the posterior tumor could be removed without much difficulty, but that removal of the anterior one would be a very delicate operation. It is evident that she is running down rapidly, and unless something can be done death will soon relieve her.

Intestinal Obstruction.

Dr. Williams said that he was called to see a case with Dr. Eastman. A man, 35 years old,

had eaten very heartily of iced watermelon, and was attacked with what seemed to be colic. He suffered much pain and had frequent desires to stool, but not much discharge. The pain was fixed in the left hypochondrium and groin, and upon close examination a hernia was discovered which we reduced without much trouble. After the reduction the pain still continued, and seemed to indicate strangulation of the bowel. I thought, from examination, that the hernia was completely reduced, and that there could not be strangulation, but might be some obstruction or invagination. We ordered a large dose of castor oil, which failed to act, and his wife gave two or three seidlitz powders, which produced great distention of the bowels, and greatly increased the pain. We then gave him a large injection of warm water, about three gallons, which distended the bowels and produced so much pain that we put him under the influence of chloroform, so as to enable him to retain it as long as we wished. After about fifteen minutes we allowed a pint and a half of the water to escape; it was perfectly clean; after about fifteen minutes more we allowed another pint and a half to escape, and it also was clean. On letting out a third pint and a half, we discovered a fecal odor, and it was somewhat colored. We then put him to bed and ordered thirty grains of chloral, at short intervals, until profound sleep was produced. A short time after the first dose there was an immense discharge of fecal matter, and in about an hour he had another profuse discharge, which afforded entire relief, and the man rapidly convalesced. There was a tumor, about two inches in diameter, plainly discoverable through the walls of the abdomen, and we thought the pain, persistent vomiting and constipation, indicated obstruction at that point.

Hernia.

Dr. Latimer said that about six weeks ago he was called to assist Dr. O'Donnell in a case of scrotal hernia. The hernia was on the right side, very tense from gas, and almost as large as an adult head. Dr. O'Donnell had remained with the man all night, and had made several ineffectual attempts at reduction. When I saw the case it was almost in a state of collapse, and finding that taxis was ineffectual, I proposed puncturing it with a lancet, but was afraid. I then used the hypodermic syringe as an air pump or aspirator, and in half an hour the mass became so relaxed as to be easily reduced. The fineness of the tube makes the syringe objectionable, but as the result was satisfactory, it may be used in cases of emergency when an aspirator is not obtainable, or a lancet would be dangerous.

Editorial Department.

Periscope.

Emulsions.

Dr. Ernest C. Saunders, of Detroit, in the *Peninsular Journal of Medicine*, says:—A few hints on the above subject may not be unacceptable to some unfortunate who has not had the privilege of being taught this important branch of our art thoroughly. The first thing to do is to see that the mucilage is fresh and sweet; for although good emulsions can be made with sour mucilage, they require more labor, and spoil more quickly. A broad, flat pestle will be found to serve better than a narrow, round-faced one. Be sure that the mortar is clean and free from grease. Then put in the mortar first a small quantity of the mucilage and rub it round the mortar, so as to prevent any of the oil from adhering to the side. Add a little of the oil—about half the quantity of oil that you have used mucilage—and rub from the centre; the emulsion will begin to form immediately. When the first quantities are thoroughly emulsified, add first more mucilage and again half the quantity of oil, and make into a perfect emulsion. Continue in this way until all the oil is emulsified, adding water between each addition of oil after the right quantity of mucilage has been added. Great care must be taken to keep the mucilage and water in excess of the oil used, or a thick mass will be formed, which it will be impossible to mix with water. The object in making an emulsion is to have the particles of oil separated by water, but if the oil is in excess, the opposite is liable to take place; the particles of water are separated by the oil, and it is then impossible to form a good mixture, and the shortest way to do will be to throw out the mass and start again with fresh materials. Some people are in the habit of mixing the oil with powdered gum arabic, but it is impossible in that way to obtain a permanent emulsion, or even one in which the oil is sufficiently divided as to render the globules of oil invisible to the naked eye. A still worse mode is to put the oil and mucilage together in a bottle and shake them. A perfect emulsion should be as white as milk, if made with olive oil, or any light yellow or colorless oil; should mix readily with water in any proportion, without showing any signs of separating on standing, and should leave the mortar, or any vessel it may be put in, in such a condition that simple rinsing with cold water will clean the vessel, without leaving any traces of oil having been in it. The amount of mucilage to be used to a given quantity of oil varies. Half an ounce of mucil-

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Original Department.

Lecture.

SORE THROAT.

Two Lectures, delivered Sept. 24th and Oct. 1st, 1874, in Jefferson Medical College,

BY J. SOLIS COHEN, M.D.,

Lecturer on Laryngoscopy and Diseases of the Throat and Chest.

LECTURE II.

Gentlemen:—To-day I invite your attention, in the first place, to a frequent form of sore throat often mistaken for diphtheria, but which, unlike diphtheria, is rarely or never fatal in itself; the tendency being to recovery, and death taking place only under very exceptional circumstances. Its ready cure, under almost any treatment, or even without treatment, accounts for much of the success attributed to indifferent remedies ostensibly employed in the treatment of diphtheria; so that discrimination is, therefore, of the greatest importance in cases of doubt, such as occur when diphtheria is prevalent.

Simple or Common Membranous Sore Throat.

Non-malignant membranous sore throat, herpetic sore throat, aphthous sore throat; angina membranacea, angina herpetiformis; herpes pharyngea, herpes gutturalis; angina couenneuse commune (Fr.).

Membranous Sore Throat is characterized by the eventual exudation of a fibrinous deposit, which coagulates on the surface of the mucous membrane into a pellicle or pseudo-membrane. It is not infrequent, and occurs at all seasons of the year. Its tendency is always to recovery, except in rare instances, in which the larynx is simultaneously affected, when the danger arises from mechanical obstruction. Common membranous sore throat is often contracted by susceptible persons during the prevalence of diphtheria, and may then become a starting point for that disease. Its most frequent immediate cause is exposure to cold while the body is overheated or in active perspiration.

The peculiar manifestation of the affection is preceded for two or three days by the symptoms of ordinary sore throat, usually supervening upon chill with febrile reaction, and subsequent symptoms of general systemic disturbance.

The throat is usually affected on one side only, the corresponding submaxillary, or cervical lymphatic glands, when at all affected, becoming involved to a moderate degree only. Deglutition is often difficult and painful, and the parts feel dry and hot, the sensation often extending towards the ear, in some instances into the nasal passages, and occasionally into the larynx.

The tonsils are swollen and become covered with a whitish or yellowish-white pultaceous exudation or deposit, but slightly adherent to the mucous membrane. In addition there is sometimes an accumulation of viscid mucus, more or less ropy, and more or less turbid in appearance. The soft palate, and often its anterior arches, over the swollen tonsils especially, has a fissured or corrugated appearance in many instances, and the membranous coating is distributed more or less irregularly upon it, having often much the appearance of detached layers of epithelium; and when removed by artificial means, at a comparatively early period after its appearance, often reveals an eroded

and sometimes slightly hemorrhagic surface. At a later date the mucous membrane then appears normal on the removal of the deposit, the erosion having healed up meanwhile. The hard palate is rarely ever covered by the deposit, nor the pharynx either, as a rule.

If the throat is examined within a few hours after the commencement of the disease, its initial form may be detected on the palate and uvula, sometimes on the tonsils, and less frequently on the pharynx, in the form of small vesicles, the size of millet seeds or somewhat larger, isolated here and there, or in groups, with more or less turbid contents, and surrounded by zones of inflammation. Occasionally, after a life of a day or two, these vesicles disappear without traces, in which case the membranous deposit will not be formed. Most frequently, however, these vesicles rupture very soon, leaving small ulcers, which become covered almost immediately with a grayish-white plastic exudation. This exudation spreads over the surrounding mucous membrane, and coalesces into similar patches which have commenced in the same way at other portions of the surface. It is very rare, however, that a case is seen at a sufficiently early period to recognize the vesicular nature of the disease.

In many cases a herpetic eruption occupies the corners of the mouth at the same time, or some part of the inner surface of the lips, cheek or tongue, or even the face; under which circumstances there can be no doubt as to the nature of the diagnosis.

Other ulcerated mucous surfaces often become covered with this deposit during an attack of membranous sore throat, and even cutaneous ulcers also; a similarity presenting in this respect to the analogous phenomena in diphtheria, but altogether independent of any toxic evidence of that disease. The general subjective symptoms are those of ordinary catarrhal sore throat.

The prognosis is favorable in common membranous sore throat, recovery being spontaneous, in the majority of cases, in from a week to ten days. It is occasionally fatal, however, chiefly in children, from extension of the pseudo-membrane into the air-passages; death taking place mechanically, by asphyxia.

The Treatment of common membranous sore throat is very simple. Laxatives, anodynes, and demulcents are often indicated. The general treatment, therefore, is similar to that in catarrhal sore throat. Local treatment is rarely requisite, and when called for, can usually be limited to applications of alum, borax, and mild astringents in solution, by brush, syringe, or spray apparatus.

The duration of this disease is not usually more than a week or ten days, as already stated; but in some individuals there appears to be a constitutional proclivity to recurrence or continuance of its peculiar manifestations, extending, with more or less exacerbation and remission, over periods varying from a few weeks to a number of months. Under such circumstances more active treatment is demanded locally, and more vigorous therapeutic interference systemically. The dilute acids frequently applied, *i.e.* every day or so, seem to afford more satisfactory results locally than the ordinary astringent and caustic salts. The internal use of iron and cinchona as tonics, sometimes of opium, not as a narcotic, however, but rather as a special stimulant in small doses, the use of a highly nutritious diet, and the avoidance of unnecessary exposure and exercise, and similar corroborant measures, are indicated to overcome the disposition to its continuance or recurrence.

Common membranous sore throat may become the starting point of malignant or phagedenic sore throat under debilitated conditions of system. The treatment for ulcerous sore throat is then prominently indicated. It may also invite an attack of diphtheria during the prevalence of that disease, under which circumstances there may reasonably be considerable doubt as to the diagnosis. In case such a doubt should be entertained by the practitioner, his most prudent plan would be to treat the case for diphtheria. An unnecessary activity would do no material injury in a case of common membranous sore throat; and if the sequel should determine the case to be one of diphtheria, it would not have suffered neglect under the impression that it was a much less serious disorder. When these doubtful cases are cured, as they almost always are, care should be taken against recommending for diphtheria any inefficient remedy, during the employment of which a case of common membranous sore throat has spontaneously recovered.

A membranous sore throat attends some

cases of phthisis and syphilis in their latest stages; but this subject will not be elaborated here.

The Sore Throats of the Febrile Exanthemata.

Small-pox, measles, and scarlatina are more or less regularly attended by sore throat, which may be catarrhal, phlegmonous, ulcerous or membranous.

The Sore Throat of Small-pox is due to the development of an eruption upon the mucous membrane similar to that which appears upon the skin. It is always, or almost always present in ordinary cases, but less frequently in hemorrhagic cases, or in varioloid. The eruption, which often appears somewhat earlier than upon the skin, occupies the inside of the cheeks, the palate, uvula, and pharynx, and sometimes the larynx also. The maturation of the pustules and consequent ulceration occur more rapidly than in the skin; and with this, there is more or less purulent infiltration of the submucous connective tissues.

The appearance of the disease in the throat is usually indicated by excessive salivation; the secretion increasing in quantity, and becoming more viscid and offensive. In confluent cases the symptoms are more severe; the salivation may amount to one or two pints in the twenty-four hours; thirst becomes intense; deglutition difficult; and expectoration painful. The involvement of the larynx is indicated by hoarseness, and sometimes more or less dyspnœa from œdema in the aryteno-epiglottic folds, or other structures, conditions which, if not averted, sometimes prove fatal by suffocation. Laryngoscopic examination reveals the inflammatory condition in these structures. In the exfoliation of the mucous membrane, again, mechanical obstruction to respiration may result in asphyxia.

Permanent hoarseness or other alteration of voice may result from the laryngitis of small-pox.

The ordinary phenomena are those already detailed, and the treatment is the same as that indicated for catarrhal sore throat generally. Supporting treatment is required when the discharges of saliva, pus, etc., are copious. In cases of dyspnœa threatening suffocation, tracheotomy may be called for as a means of averting impending death.

The Sore Throat of Measles is also a constant attendant upon the exanthem. It is a catarrhal inflammation affecting the air-passages from nostrils to bronchi, rather than the food passages, and is primarily due to an eruption on the mucous membrane, similar to that on the skin. Its severity is often in direct ratio with the severity of the general affection. Evidence of the eruption will usually be found on the palate, a day, or even two days, in some cases, before it is developed upon the skin. These disappear in the course of a few days, though sometimes, in bad cases, a fibrinous exudation is thrown out upon the palate, arches, or tonsils, or the upper portion of the larynx. At other times abscess and ulceration take place, chiefly in the larynx; and this organ, in fact, seems to suffer more than the other structures; and the catarrhal infiltrations may become organized and produce chronic hoarseness from that cause, or they may act as points of departure for the development of morbid growths.

The general symptoms would be those of a severe form of catarrhal sore throat, and the treatment would be conducted on the same principle as for that affection.

The Sore Throat of Scarlatina.—The sore throat of scarlatina has given the name *anginose* to one of its varieties, and in many instances it forms the chief source of danger in the disease. It is often exceedingly severe in character, and apt to leave permanent injury, especially of the Eustachian tube and middle ear. The palate, tonsils and pharynx suffer, rather than the nasal passages and larynx.

The local manifestations appear upon the mucous membranes a day or two in advance of their appearance on the skin, the mucous membrane of the palate, tonsils, and pharynx being deeply congested, uniformly or in patches; and sometimes supporting slight papulous elevations. The palate and tonsils soon become swollen, and in the course of a day or two the tonsils become covered with an opalescent or milky deposit, consisting chiefly of detached epithelial scales commingled with an excessive secretion of viscid mucus. The production of this coating has given rise, in part, to the idea of analogy between scarlatina and diphtheria entertained by some observers. Their occasional prevalence at the same time has also given color to this view. At the same time it must not be forgotten by those who reject this view, that during the pre-

valence of diphtheria the ordinary sore throat of scarlatina may become diphtheritic, without furnishing evidence of that character as an essential element of the scarlatina itself.

The subjective symptoms are those of ordinary sore throat; and these become more and more severe as the disease progresses. The lymphatic glands, at the angle of the jaw, become swollen and painful. This sometimes extends to the deep-seated glands. Sometimes there is serous or sero-fibrinous effusion into the submucous connective tissue, impeding respiration and deglutition; the latter especially, so that fluids taken into the mouth often run off by the nose. As the cutaneous symptoms abate, the throat symptoms subside likewise. The secretion is cast off from the tonsils, and sometimes desquamation of epithelium from the tongue, palate, and pharynx occurs just as desquamation of epidermis from the skin.

In the anginose variety proper, of scarlatina, the symptoms of disease in the throat are much more severe than those already described. The hue of the palate, tonsils, and pharynx is more dusky; the pseudo-membranous deposit is of a dirtier white, an ash, or even a yellow color. The secretion is less apt to be limited to the tonsils; accumulating rather on the palate and palatine arches, and upon the posterior wall of the pharynx. The patches are soft, and resemble the patches that gather on the surface of foul ulcers; they are readily removable, and when removed, are sometimes seen to have really covered ulcerated mucous membrane, and even gangrenous sloughs, in some instances. The general swelling of the parts is much greater than in simple scarlatina; that of the cervical and submaxillary glands being so great and so painful, in some instances, as to prevent the opening of the mouth sufficiently to expose the parts to inspection. A viscid and turbid secretion accumulates in the mouth; and this is expectorated with difficulty. In some cases the nasal secretions dessicate into firm crusts, which obstruct nasal respiration and compel breathing through the mouth. Sometimes purulent inflammation is thus excited, and an acrid, offensive, excoriating secretion is discharged from the nostrils, and from the mouth also, in some instances.

In malignant cases of scarlatina, the mucous membrane is very much swollen and very darkly congested; and ulceration soon takes place, frequently attended with gangrene of the tissue; the pseudo-membranous deposit being dark, almost to blackness, from intermingling with extravasated blood. The discharges are sanious and offensive, and not unfrequently contain shreds of the destroyed tissues.

The tumefaction at the angles of the jaws extends over the neck, the tumefaction internally increasing at the same time; respiration becoming impeded in some instances so as to threaten suffocation, a condition in which tracheotomy may be demanded. Œdema of the uvula and soft palate occurs, and with it, sometimes, œdema of the epiglottis and arytenoepiglottic folds. These conditions likewise threaten suffocation, and may necessitate tracheotomy.

The Special Treatment of the case does not vary from that for ordinary inflammatory sore throat. Severe topical measures are rarely indicated. Acidulated sprays to the parts are grateful and soothing; and weak solutions of alum are useful as detergents. These sprays may be applied with benefit as frequently as called for by the patient.

Erysipelatous Sore Throat.

Erysipelatous Sore Throat is infrequent. It occurs, usually, in connection with erysipelas of the head, face and neck; sometimes as an extension from these surfaces; Sometimes appearing primarily in the throat, and thence spreading to the exterior. Sometimes there is an interchange between external erysipelas and erysipelas of the throat in the form of a metastasis. When the throat is seriously involved, there is danger of extension of the disease into the larynx; a result apt to be attended with œdema, and thus threatening death by gradual suffocation or asphyxia.

Erysipelas of the throat, when idiopathic, begins in the guise of an ordinary inflammation, but there is not a very great amount of swelling, and the parts are of a very dusky-red, sometimes lustrous hue. There is more or less inability to swallow; but this is not due to swelling or pain, as in ordinary inflammations of the throat, but from actual paralysis of the muscles of deglutition, which do not contract as usual upon contact with foreign substances. Regurgitation takes place through the mouth when the pharyngeal muscles alone are in this condition, and through nose and mouth when the muscles of the palate are in a similar condition. The general symptoms are those that

attend the usual manifestations of external erysipelas, only the febrile phenomena, pain at the epigastrium, nausea, and so on, are more severe.

The duration of the disease varies from forty-eight hours to a week. In cases fatal by œdema of the larynx or other cause, frequently undiscernible, death sometimes occurs within two or three days from the commencement of the attack.

The inflammation of the parts usually subsides by resolution. Occasionally, however, it is followed by abscess, but this is rare, and I have seen but one instance of it.

The Prognosis, as a rule, is not favorable.

The Treatment consists in the administration, in part by enema, if necessary, of large doses of quinine, tincture of the chloride of iron, brandy and diffusible stimulants; with the greatest amount of the most nutritious food procurable that the patient can be induced to take, by mouth or rectum, as the case may be. The local application of a strong solution of nitrate of silver (60 grains to the ounce), so as to include some of the unaffected structures, if possible, seems to afford the best means of controlling the local affection.

Communications.

CONTRIBUTION TO HYSTEROLOGY.

BY E. N. CHAPMAN, M. D.,

Late Professor of Obstetrics, etc., in the L. I. College Hospital.

At the present day, when, by a strange revolution in practice, the uterus is submitted so generally to surgical treatment for the various morbid conditions to which it is liable, it is, perhaps, pertinent to inquire what results are attainable by a less pretentious procedure. If metrorrhagia and menorrhagia can be checked, hypertrophy reduced, neuralgia subdued, and all other pelvic symptoms removed by mild means; and if, moreover, the functions of the uterus, its capacity for impregnation and its faculty to bear the embryon to term, more especially, can be restored, and the health of the patient established so thoroughly that it continues undisturbed several years thereafter, it is obvious that these means must, in accordance with professional rules, be not only used but exhausted, before a resort to tents, knives, curettes, escharotics, and the like, which are always attended with more or less hazard. That the utero-surgeon is not always in demand is shown by the cases related below, which, together with many others thus treated in public and private practice, attest the completeness and permanency of the cures effected by means as simple as scarification. Why it is successful is rendered apparent by the light shed, of late years, on the structure and function of the genital organs.

Case 1.—Mrs. D., æt. 32, who had had two children, but no miscarriages, was confined after a natural labor, March 9th, 1872. There was scantiness of the lochia, but otherwise nothing unusual was observable in her getting-up, save an irritability of the nerves, that, as time passed, became each day more pronounced, and less under command. At the end of the sixth week a dark bloody flux made its appearance and continued seven or eight days. In August, whilst at a watering place, she took, during the evening of an excessively warm day, a prolonged sea-bath, and was, directly after, seized with a violent chill that lasted more than an hour. On reaction being established, a high fever, together with sharp, grinding pelvic pains, set in, and in the morning, a free, clotted uterine hemorrhage. This lasting several days, and then stopping three or four, reappeared in full force, and persisted with only temporary abatement until her return home, the third week in September. At this date the hemorrhage, after being absent four or five days, started afresh, and, excepting a day or two now and then, was present to the 10th of November, in spite of hygienic measures and free doses, first, of the fluid extract of ergot, and second, of the solution of persulphate of iron. The constitutional treatment being thus unavailing, though enforced rigorously under favorable circumstances, the local, which had hitherto been declined, was acceded to, provided the trouble of a certainty lay in the womb, and a cure of the metrorrhagia was, thereby, attainable. This it was possible to promise confidently, since the existence of imperfect involution was, notwithstanding the failure of other symptoms to aid in the diagnosis, shown conclusively by the loss of blood arising shortly after the last labor and being well nigh constant to that time.

The patient, although debilitated by the great drainage, as well as by the exclusive nursing of her infant, has not become as anæ-

mic and emaciated as one would naturally expect, a fact due to a constitution derived from a vigorous stock, and unimpaired hitherto by any serious ailment. The nervous symptoms, however, which began slowly and insensibly to show themselves after her accouchment, have since, day by day, assumed greater and greater intensity, until now they are of such a singular character as is seldom observed, unless in connection with certain morbid states of the genital organs. These symptoms are a wakefulness that deprives her of sleep night after night, a dread that forebodes some impending evil, a gloom that enshrouds every object, an introspection that dwells on each sensation, a morbidness that centres about self, and a despair that is too dark to be penetrated by a ray of hope. She dislikes to be alone, as her mind then falls a prey to strange vagaries, over which her will has little or no control. Even reading and sewing she has been obliged to give up, as directly on her sight being steadily taxed phantom shapes dance before her eyes and fill her with fear and apprehension. These illusions, the unreality of which she is fully conscious, though powerless to rid herself of their presence, take the form, often, of shrouds, corpses, and coffins in the room, and of hearses, undertakers and mourners in the street. Yet, aside from this disturbance of the brain, a morbid state pointing to, if not verging upon, insanity, her condition is scarcely removed from that of health.

As the general symptoms are limited to this singular mental and moral perversion, so the local begin and end with an excessive and continuous hemorrhage that, like the other, is proof against the artillery of the Materia Medica. Strange to say, she has neither pelvic pain nor other sign, except the menorrhagia, of uterine disease.

Nov. 16th. At this date, the fourth day after the cessation of the bloody flux, the general treatment was abandoned, and the local adopted.

Examination by Touch.—The uterus has its proper form, position, and sensibility, but is more bulky by a half than normal; the cervix is full and round; and the os uteri is jagged, flabby, and open enough to admit the tip of the finger.

Examination by Speculum.—The labia uteri are congested and expanded, but not swelled and eroded; the inner cervix presents a bright red appearance, but contains a slight albuminous secretion only; the outer cervix, above the red border which, sharply defined, surrounds the os uteri, retains its natural color; and the vagina has a dusky look, but is not inflamed nor occupied by a secretion.

Nov. 16th and 22d. Scarified the cervical canal and labia uteri, and punctured the outer cervix.

Nov. 30th. The loss of blood at and after the above operations was light, scarcely sufficient to deplete thoroughly the uterine veins. Scarified the labia uteri, punctured the outer cervix, and applied a forty-grain solution of the nitrate of silver to the cervical canal.

Dec. 2d. The flow of blood from the last operation was rather more free.

Dec. 16th. The courses, after an absence of over three weeks, returned on the 6th and disappeared on the 13th instant. They were nearly natural, though still somewhat excessive; the inner cervix is less congested, and the os uteri more contracted; the Nabothian glands pour out a clear, ropy mucus. Scarified the labia uteri, punctured, and applied the solution.

Dec. 31st. The bleeding at and after the last operation amounted to two or three ounces. The menses, which are now present, returned on the 25th, nine days in advance of their time, and have been, and are still very scanty.

Jan. 21st and 28th, 1873. At the last period the flow continued for more than two weeks. The os uteri is regaining its natural appearance. Scarified the labia uteri and applied the solution.

As the menses failed to make their appearance in due time the local treatment was omitted until it could be determined positively whether or not pregnancy had taken place. The fact became more and more apparent as one month after another passed, and was fully confirmed by living testimony, October 21st, 1873, a date that carries back the conception, provided the child was born at term, to the close of the last menstruation, and to a point of time previous to the discontinuance of the local treatment. The child, seemingly mature, had the morbus cœruleus in a marked degree, from which, however, it recovered promptly within a week, by being constantly kept on its right side, with the head and shoulders slightly elevated, according to the plan so strongly recommended and so successfully practiced by Dr. Meigs.

Sept. 1, 1874. At the present time Mrs. D.

is physically and mentally well. The cure inaugurated by the scarificator and the nitrate of silver was advanced by the pregnancy and completed by the delivery. To aid the involution special care was taken to promote the lochia by low diet, warm drinks, strict quietude, and anodyne medicine. The menses, which reappeared the third month after this, as after the first two labors, have been invariably normal, and her mind, which still remained in a measure unsettled while she carried the child, was, on its birth, wholly regained; in a word, her condition is now as good, in every respect, as at any former period of her life.

Commentary. This case is one of a class, termed endometritis by gynæcologists. The mucous membrane of the corporeal and the cervical cavities of the uterus is said to be inflamed, as, also, more or less, the underlying tissues. This much being assumed, and, likewise, that increased vascular action in all parts of the body will result in similar morbid processes and yield to similar remedial means, it follows, as a matter of course, a rational inference, that the first indication is to check the hemorrhage, and the second to subdue the inflammation. Hence the sound is passed to estimate the enlargement of the uterus, the cervix is dilated to open up a free passage to the fundus uteri, astringents are injected to coagulate the blood in the mouths of the bleeding vessels, escharotics are applied to destroy the diseased tissues, and, if need be, the curette is used as a rasp or scraper, to repress granulations and fungosities.

In contrast with this procedure the claims of the sound, tents, injections, destructives and other agents of the like nature, were neglected, and the effort made to check the menorrhagia by internal medication, and then in an interval of the flow to subdue the so-called endometritis, by depleting the uterine veins and stimulating the Nabothian glands. As the erectile vessels of the genitalia were thought to be in a constant state of pseudo-menstrual excitement that induced a rapid development and exuviation of the corporeal mucous membrane, and an excessive congestion of the cervical follicles, it seemed more in accord with sound, practical sense, to dry up the spring at its source than to dam up the streams flowing from it. Could these vessels, lying concealed below the surface, be reduced to their ordinary calibre, it was confidently anticipated that the involution would be perfected, the hemorrhage prevented, and the health restored. It is scarcely possible that depletion could effect these results in the brief space of ten weeks, and also insure a normal pregnancy, and a perfect involution subsequently, unless it were founded on correct principles, such as will bear investigation, and stand the test of time. That the cure was not deceptive is shown by the uterus performing its functions normally, and the brain recovering its balance completely, and that it was not temporary is shown by the thoroughness of the involution after the last confinement and the length of time since the termination of treatment.

If simple means, like the above, were commonly, or even occasionally, successful, would any one, before giving them a fair trial, have the right to resort to those more heroic and radical, which on all hands are conceded to be often uncertain, and sometimes fatal. Surely the so-called uterine inflammation, an heir-loom of the profession since the days of Hippocrates, is no valid reason, particularly when this figment of the schools is unsupported either by clinical facts or modern researches in the anatomy, physiology and pathology of the genital organs.

Case 2. Mrs. G., about 24 years of age; the mother of one child; miscarried September 4th, 1861, at three months, and February 21st, 1862, at four and a half months. The lochia after the second mishap, as is prone to be the case when the development of the uterus is prematurely arrested, was insufficient to unload the sinuses and allow involution; and hence, in a few days a metrorrhagia set in, that greatly reduced the patient. The constitutional treatment failing to command the hemorrhage and to relieve the other symptoms, whether general or local, an examination was made April 3d, 1862. The patient, though formerly strong and active, is now much prostrated by confinement and flooding, and suffers from pelvic pains and a leucorrhœal discharge.

On examination, the uterus was found heavy but not extra sensitive, the cervix puffy and engorged, the os uteri opened and filled with an albuminous secretion, and the vagina bronzed and occupied with ropy mucus.

From April 3d to June 6th this case was, at five operations, treated by scarification of the labia uteri, and cauterization of the inner cervix, with the solid nitrate of silver. The cure, though wrought in the short period above men-

tioned, was complete and permanent, as proven by the subsidence of all the symptoms, the restoration of the monthly health, the prevention of other abortions, the completion of two pregnancies at term in four years, and the absence of all pelvic disorder during or after the period of involution. This patient, who passed from under observation some six years since, was at the time in perfect health in every particular.

Commentary.—The taking of blood when extreme debility has been induced by hemorrhage, is contrary to modern ideas, and yet in this instance the practice promptly checked the metrorrhagia. This result, as it will appear on a moment's reflection, was due to the flow from the scarifications relieving the fullness of the uterine sinuses, and thus allowing the womb to condense itself, the initial steps preliminary to those changes that constitute involution. The solid nitrate, rapidly decomposed by the copious albuminous secretion, acted as an active stimulant only to the cervical follicles, and thus their atonic capillaries were depleted and constringed at one and the same time. The recovery was rapid, inasmuch as the treatment was instituted at an early day, previous to the congestion passing from the passive to the active state, a success that, under the like conditions, and by the like means, can almost always be confidently anticipated. The recovery, also, was perfect, as shown by the uterus thereafter manifesting no proclivity to its old vices, and executing, for a number of years, all its functions normally. More than this the treatment for any disease whatsoever cannot accomplish, and more, were its success uniform, could not be desired. That such is the rule and not the exception, is the concurring testimony of too many cases to admit of mere coincidences, lucky, spontaneous cures.

(To be continued.)

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

BY PROF. WM. H. PANCOAST.

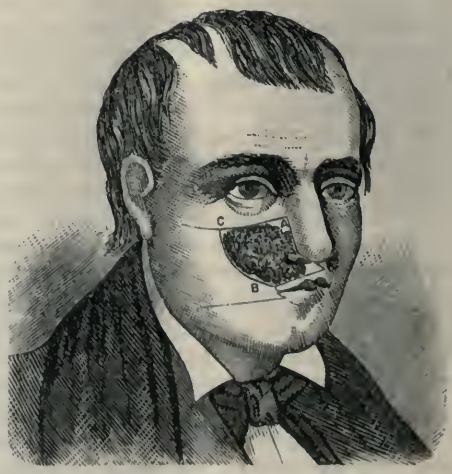
Carcinoma.

REPORTED BY J. V. SHOEMAKER, M. D.

History.—Peter Vanderbeck, age sixty-six years, was born in Crosswicks, Burlington county, New Jersey, and has resided in Allentown, New Jersey, for forty-three years. For thirty-five years he followed his trade as a shoemaker, but for the last ten years has retired from business. Fifteen years ago a small elevation of the skin made its appearance on the neck, just below the ear, and caused much irritation in the surrounding parts. A year afterwards a similar elevation of the skin appeared in the crease of the right ala of the nostril. This remained stationary for about ten years. In the spring of 1867 he received an injury from one of his cows, which struck him on the right cheek with her horn. He dates the increase of this elevation from that blow. A stinging sensation was soon after developed in this elevation on the right side of the nostril. About this time the patient placed himself under the care of Dr. Geo. L. Duer, of Crosswicks, New Jersey. The disease soon began to spread, to discharge a small quantity of matter, and invade the surrounding tissues. In the end, the bony structures beneath were invaded to a great extent. In this state, the patient presented himself at my office, the 10th of June last. The patient's history, which you have just heard, gentlemen, indicates a case of a very serious character. Notice this large open ulcer, the size now of a Spanish dollar. It has eaten through the ala of the right side, into the right nostril, destroying a portion of the upper lip. It has attacked the periosteum of the upper jaw, involving both superior maxillary bones nearly an inch on either side of the median line. A cancer beginning even mildly, and slowly from the exterior, and existing long enough to eat down so as to involve the bone, becomes a very serious matter.

The patient is strong, and hearty, of active habits, and his condition, seeing what a dreadful future he otherwise has before him, justifies the making an effort to save him. It is a surgical problem of interest, as to how we shall remove this cancer from the surface, and the deep bones, and afterwards reconstruct the face. It will be necessary to cut away a large portion of

FIG. I.



the cheek, in removing the superficial cancer, as well as a portion of the upper lip, and to excise

also a considerable part of both upper jaws, so as to get beyond the diseased structure. This will make a very large opening in the face.

In doing this operation, I will have to make my incisions so that I can bring flaps to close the opening, and rebuild the upper lip. I shall dissect off the vermilion border of the lip, and turn it back so that I can use it again as a natural hem for the new lip. The patient being fully etherized, I will proceed with the operation.

I first sweep my knife through the cheek, around the outer border of the superficial cancer, making a flap by running two incisions outward toward the ear, one from A to C, the other from D to B (Fig. 1), which flap I shall afterward use. Pushing my knife downward into the nostril, and through the upper lip beyond the median line on the left, now turning my blade, I cut the vermilion border off back to the angle of the mouth, of the right side, turning the flaps off on each side like two trap doors. Dissecting the septum of the nose from the anterior nasal spine, I freely expose the diseased jaw. Pulling out the bicuspid tooth on each side, and passing one blade of the cutting forceps into the right nostril, and the other into the socket of the bicuspid tooth just removed, I cut through the palate process well outside of the cancerous part, and repeat the same on the opposite side, with a few cuts of my knife, separating the bone from the soft parts connecting it.

FIG. 2.

I have removed nearly two-thirds of the entire hard palate; you can see what a large hole is made in the face, almost destroying the human expression. Running my knife backward from the first incision I made, I cut through the cheek as above mentioned, just below and parallel to the zygoma, outward, for two inches. I now make another incision from just below the angle of the mouth, outward, parallel to the first. This gives me quite a large flap; the anterior margin is long, narrow, and pointed. This you see, as I push the flap forward, fills up the space from which I cut the upper lip. Lifting up the vermilion border, which I turned off, and adjusting it temporarily, you will observe this promises to make a good upper lip. The facial, the infraorbital, and the inferior coronary arteries have been tied. The buccal branch of the superior maxillary nerve is partly cut away. There being no more bleeding, we are ready to close the wound.

Advancing the flap, and bringing it up, I fasten the upper angle to the side of the nostril; it fills up the space easily and readily, without tension. The narrow anterior portion of the flap I will fasten to the septum of the nose; wedging it in above what is left of the upper lip; I tack on to the lower part of this flap, with interrupted sutures, the vermilion border of the upper lip which has been saved. You see we now have the human expression of the face restored (Fig. 2), and the great hole we were obliged to make completely filled up by this plastic manœuvre. I apply additional interrupted sutures, to hold the flaps in position, and support the parts well with strips of adhesive plaster. Have the wound covered with patent lint, spread with the ointment I use so much in these cases. It is very soothing, and at the same time keeps down offensive secretions. The prescription which I use is as follows:—

R.	Ungt. zinci. oxid. benz.,	℥ijss
	Cerati simplicis,	℥ss
	Glycerinæ,	℥j
	Ol. olivæ,	℥j
	Acidi carbolici,	gtts.xx. M.

When I do not want to use carbolic acid, oil of roses can be used in its place. A supporting bandage being applied, my assistant will give him one quarter of a grain of morphia hypodermically, and put him to bed.

Note by the Reporter.—One week from the day of the operation the patient, Mr. Vanderbeck, was out enjoying the good weather. The wound had healed nicely, except one point at the side of the right nostril. As soon as the patient recovered from the immediate effects of the operation he commenced talking, and continued to do so, entertaining those who were nursing and watching him. All we could do or say had no effect in stopping him. My impression is that the talking was the cause of the want of union in the small spot near the right nostril.

Mr. Crawford, operated on the week previous, wrote all he had to say on a slate, and gave the flaps a chance to heal, which our patient would not do. At this writing Mr. Vanderbeck has improved very much in general health, and now passes his time in attending to some business. There has been no re-development of the cancer. The mouth and cheek present a healthy appearance, and his appetite and sleep are both good.

Since my last report Mr. Wm. W. Crawford, the patient in whom the entire left upper jaw, and part of the right was removed, in the month of June, has returned to his home in Louisville, Ky., and he has been benefited so much by the

operation, that he has resumed charge of his business affairs. Several days ago he presented himself at the office, being on a business trip East, in excellent health and in good spirits.

The designs of the accompaning cuts were executed by my friend, Dr. E. F. Vallete, of this city. J. V. S.

Tonsilitis.

Miss L., age twenty-two years. A case which requires an operation upon the tonsils. This lady has been under my care for a few weeks, and has been in delicate health and under medical treatment for four years before she came under my observation. She has strumous cachexia, dyspepsia, and functional disturbance of the heart. In consequence of the disturbance of the heart there is some congestion of the pulmonary circulation of the right lung. She is, however, improving under a tonic treatment. The enlargement of the tonsil glands causes some pain on swallowing, and the irritation which exists there excites a little cough. I think it better to excise the protuberant parts of each of them. You notice the evidence of cervical adenitis in these several enlarged lymphatic glands. Here are two just below and behind the lower jaw.

In cases of great constitutional debility I do not remove the cervical glands with the knife until other means have been tried. This patient is decidedly better than she was, as she at present tells you, and the glands are not so large. In addition to the constitutional treatment, I have used what often proves successful in these cases, an ointment of protiodide of mercury, using it weak at first, one-half a drachm to the ounce of simple cerate, and increasing its strength as is necessary. If the ointment of the iodide of mercury is not sufficiently counter irritative, the biniodide of mercury can be used. This form of irritation, or a blister, I generally prefer to the tinct. of iodine. The tincture of iodine often does well, and can be better used for small bursal tumors, such as the miner's elbow, or even diseased joints.

In the removal of these tonsil glands I shall employ the pistol-shaped tonsilitome, made by Chaviere, of Paris. I could remove them, as you have often seen done, with a long pair of forceps and a bistoury; a method preferred by some excellent surgeons. This instrument, as you see, works something like a pistol. As I pull back the fork it sets a spring, and pushing the fork forward, as it enters the gland it touches the spring by which I withdraw the sharp blade, quickly cutting through the gland.

Although this instrument came from Paris, similar ones are made here equally as good. I think it is the best and most perfect modification of the tonsilitome. The tonsilitome was originally invented by Dr. Physic, of this city, in the form of this guillotine instrument. We cannot well give the patient ether for this operation; it is quickly done and the pain soon over.

We will proceed at once with the operation. As I wish to remove but a small portion of each tonsil I shall use the smallest of these two cutting blades. The instrument being so made that we can change to either of these two, in accordance with the size of the tonsil gland. As you look down the patient's throat you can see the tonsil glands standing out on each side, much more than is natural, and much beyond their boundaries—the anterior, and posterior pillars of the palate, which are made, as many of you know, by the pallato glossi and pallato pharangei muscles.

Now I apply the concealed cutting circular knife of the instrument on the enlarged tonsil. As the fork is pushed into the gland I lift it up, and, touching the spring, draw on the cutting blade; the operation is done. Here is a portion I have removed, the exact size that was desired. Changing the instrument to the other tonsil gland I do the same, and the operation is over so quick that the patient is surprised. You see there is very little bleeding. This cutting, crushing process of the circular knife causes very little flow of blood, except in active inflammation of the parts, when the operation should be deferred. Should there be any oozing it can be controlled by a solution of alum, in ice water; or, if necessary, a weak solution of subsulphate of iron.

James Quinn, age thirty-five years. This next case is also one of enlarged tonsils, in consequence of chronic inflammation. Here the glands are enormously enlarged, so as to almost close up the throat, and any sudden increase of the inflammation and swelling, aided by the spasmodic action of the muscles, might so block up the isthmus of the fauces as to expose the patient to danger of suffocation.

I will excise both of the tonsils to a much greater extent than in the last case. This case is instructive and interesting in connection with the last, by contrasting the size of the glands affected by a similar inflammation. In using this pistol instrument we must be careful not to push the gland too far out of its bed, and incise too deeply, as in the inflamed condition of the gland the plexus of arteries at its base might be cut. They are very much enlarged by inflammation, which, if cut too deeply, might cause very serious hemorrhage. For the same reason you should not excise the tonsil glands when in a state of acute inflammation.

In this case I will use the larger blade. Fastening it on the handle and applying it, I excise the enlarged tonsil gland deeply on one side, and do the same to the other enlarged tonsil. You see how rapidly it is done, and what large pieces I have removed. We see there is plenty of room now, as the tonsils are shaved down nicely on each side, even with the pillars of the fauces, and the patient breathes more easily. There is very little oozing of blood, and the alum water gargle will be all he will need at present.

I will let the patient use a mucilaginous gargle for several days, and then a weak infusion of cinchonæ, four ounces, flavored with tincture of myrrha, with one drachm of chlorate of potash; diluted as may be necessary for a few days.

Varicocele.

Mr. V., age twenty-four years. Is affected with varicocele, which you see is on the left side, as we generally find it. I have mentioned to you the peculiarities of the venous circulation, upon a former occasion, which predisposes it to form upon the left side. The cause in this case is not known. He has not worn a truss, nor is he accustomed to horseback exercise. I have operated upon a great many cases of varicocele, and have never yet found a patient who could give me a satisfactory reason for its existance. Masturbation is said to produce it, but it is often hereditary.

The patient has been lying down, and the veins having emptied themselves, the disease is not so conspicuous as it was. We will have him to walk around the arena for a few moments; it will cause the veins to fill up again. This is a manœuvre which should always be practiced before the operation, so as to make the diseased veins as conspicuous as possible.

The most important step in the operation is the separation of the vas deferens from the veins. If by chance the vas deferens should be ligated, the testicle on that side will probably suppurate, and be destroyed. This should never occur, as the vas deferens gives to the touch the feeling of a wire, and the veins themselves the sensation of a mass of earth worms. If one or more of the veins become occluded, they may, and frequently do give to the touch a similar sensation as the "vas deferens." If in examining a case, you should feel two or more resisting bodies, so as to make it uncertain which is the "vas deferens," you should turn them aside with it, so as to be certain not to ligate the "vas deferens."

Just two days ago, I was called upon to operate on a gentleman at the St. Cloud Hotel, in this city. Some six months previous he had been operated on by a prominent surgeon, using wires for the ligature. The wire had broken, making the strangulation imperfect; and on examination, I found a piece of the silver wire in the scrotum, which seemed to have become encysted. The patient said the swelling was nearly as bad as ever. You notice that since he has been walking the scrotum has become much more enlarged, and you can even see the tortuous varicose veins.

I will let him sit upon the edge of this table, and seizing the scrotum from behind with my left hand, I feel the hard resisting "vas deferens" distinctly. There is another structure which I believe to be an occluded vein, but it feels something like the "vas deferens." I will therefore push that aside also, with my thumb and finger. You can see, as I grasp the scrotum from behind with my left hand, that my forefinger and thumb almost meet as they seize the integument, so that I can certainly have the "vas deferens" behind in the circle of my finger and thumb, and that the finger and thumb meeting are between the "vas deferens" and the veins which I wish to ligate. The operation is very simple and almost perfect. All that you require is a long, round, sharp-pointed needle, such as this, or a sailmaker's needle, and a long, strong, well-waxed ligature, and an ordinary button, or a large metal button like this which I shall now use. The subcutaneous ligation of the veins over a button is my father's operation, which I slightly modify by making a metal button of tin, or German silver, as this is, the size of a Spanish dollar. This is perforated in the middle with two holes close together, between which there is a drop of solder, so that on tying the ligature over it the edges of the holes shall not fray out, or cut the ligature.

It is of great comfort to the patient and convenience to the operator, as a small button will sometimes become buried in the flesh and give rise to troublesome inflammation and suppuration. This will never occur in using the large plate button. With this button I have operated a great many times, I think nearly twenty, and I have never had any bad result, nor have I ever had a patient to return to me saying that the cure was not complete. Sometimes the superficial veins of the scrotum are enlarged. These have to be ligated separately, either with a toilet pin and ligature around it, or by a simple interrupted suture, which I generally use. The patient has a little ether, enough to deaden sensation. I will pass the needle armed with this ligature completely through the scrotum, from side to side, over the nail of my thumb and finger, grasping the scrotum and drawing the ligature well out after it.

The ligature is now between the "vas deferens" and the veins I wish to ligate; passing the needle backward again into the same hole which it made in its exit, and pushing the needle forward subcutaneously in front of the veins to be ligated, passing closely under the skin, I bring it out at the wound of entrance. I have the diseased veins in the loop of the ligature, which is subcutaneous, and within the scrotum; pulling on the loop gently with the one hand, while with the other I feel the "vas deferens," to satisfy myself that it is not included in the ligature. I will ask my assistant also to feel, so that he may recognize the fact, and corroborate the statement, for your benefit.

It is well to do this always, so you can have a witness to confirm, if necessary, to the patient, that you have not injured the duct of the testicle. I pass the ends of the ligature through the holes in the button, and am ready to tie it. As this is the most painful part of the operation I will pause a moment, and let the patient be anæsthetized a little more thoroughly. Tying the ligature down upon the button, as I do, you see the patient winces, even under the influence of the anæsthetic. This crushes the veins, and the ligation, to make the cure, must cut more or less completely through. I tie the ligature in a bow knot, so that it can be untied easily and readily when desired.

As the operation is finished we will put him to bed, and keep him comfortable, and quiet with an anodyne, if necessary, and apply a lotion of lead water and laudanum over the parts.

As soon as the ligature becomes loosened, the veins yielding under the process of ulcerative absorption, as the ligature cuts its way through, I will tie it again, which will be in about two or three days. The necessity of this tying will be readily recognized by gently pulling on the knot every day. Indeed, I tell my patients to pull gently on the knot themselves, two or three times daily. This facilitates the cure. I recall one patient, a doctor, who completed the operation himself. After my first applying the ligature he kept tightening it until it cut through and came away, and I had the pleasure of only paying him complimentary visits.

It takes usually about ten days for the ligature, tying it every second or third day, to cut its way through the veins. And I tell my patients to arrange their affairs so that they can remain in their rooms about two weeks. This, however, is not absolutely necessary. I have had patients, from whom I removed the ligature at the end of ten days, and in two cases at the end of a week, where the patients were very much pressed for time. In each one there had been a marked effusion of plasma, making a hard lump within the scrotum, where the veins had been cut through or destroyed. It is an essential proof of the success of the operation, and that the diseased veins have become obliterated.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Meeting of Sept. 17th.

Dr. Liebman related the case of a boy who fell twelve feet, producing a fracture of the right parietal bone, and extending into the left. The fracture was three inches long, and the bone was much depressed. The symptoms have at no time been urgent, and have needed but little treatment. The accident happened about two weeks ago, and recovery seems nearly perfect with the exception that the power of speech has not yet been regained. The depression has nearly disappeared.

Dr. Friedenwald. I have been attending an almost similar case in a boy, aged eight years. He fell fifteen feet, striking on his head. I diagnosed fracture of the occipital bone, but Dr. A. P. Smith (who saw the case) thought there was fracture of the base of the skull, and Dr. N. R. Smith agreed with him in this opinion. There was bleeding from the ears, and complete unconsciousness, which lasted three days. Crepitation could be produced without causing pain, by pressing on the occiput. He gradually returned to consciousness, and was up in about a week. There has been no fever at any time. He could obey all demands upon him, but would not speak. In a few days he could whisper, and since then he has gradually regained the use of his voice.

Dr. Caldwell thought that there must be some hyperæmia of the frontal convolutions in these cases, and as it disappears speech will be regained.

Cleft Palate.

Dr. Dausch presented a boy to the Society who had a cleft of the hard palate of considerable extent. There was also hare-lip, but that had been relieved by an operation.

Dr. Monmonier. Sir William Ferguson is of the opinion that the intermaxillary portion involved in hare-lip is the cause of much annoyance to the surgeon, often, indeed, being almost the direct cause of failure in operations. In the case of double hare-lip, with double cleft in the alveolar ridge, there may be great projection, or little or none. In the latter case, particularly if the columna and lateral portions of the lip be of good size, there may be no need of meddling with the intermaxillary mass. If, however, the projection be considerable, and if the columna and side portions be scanty, there ought then, in my opinion, be no hesitation about taking away the projection at its junction with the vomer. The attempt to push this part back, by gradual pressure, is troublesome and almost impossible in most instances, even if, as has been proposed, its narrow neck be broken. Without thus meddling with the part, the teeth, if they come at all, will slope backward so much as to be of no value either for show or for use I therefore never hesitate to remove the intermaxillary mass when it seems the least in the way of a satisfactory operation. The advantages of so doing seem to me to greatly preponderate, and if there be cleft hard palate at the same time, there is far better chance, in after years, of the gap becoming narrower; whilst in adult life the dentist will not have so much difficulty in adapting an artificial set. But, I imagine, there is less hesitation or difficulty in the surgeon's mind in the case of a capacious double gap, than when there is only a single one, with considerable projection of the intermaxillary margin. If it be difficult to employ compression on the projection in double cleft, it is still more so when only one side projects, for its base is broader and firmer. The instances where there is no special projection are common, and require no comment, as there is then, as regards this matter, no obstacle to a satisfactory operation; but, when there is a projection, if considerable, it is a more serious obstacle than the inexperienced may imagine. I believe that this condition is a frequent cause of failure in the ordinary operation, particularly if it be done without the truss-compressor on each cheek to push the lateral portions of the lip toward the medial line. In such a case the surgeon is naturally anxious to leave the alveolar ridge untouched, and, in accordance with a common practice, when it is desirable to secure union by first intention, when the stitches or needles are withdrawn, strips of plaster are carried from cheek to cheek to hold the union firm. Scarcely a greater mistake can be made, for the line of union in the lip being generally exactly over, or opposite to, the sharp angle of the projection

of bone, the young cicatrix is pressed against it, and gradually thins away, until it is fairly split open, and the operation fails. This is an explanation of the failure of many cases that do not seem in any special way complicated. I do not mean that straps always produce this effect, and that, therefore, they should never be used. On the contrary I have frequently seen them of much service. But if the single projection alluded to be conspicuous, it is, in my opinion, best to get rid of it at the time of the operation. Ferguson, in his own practice, was at one time in the habit of cutting it away with sharp, small bone forceps, dividing gum and bone at the same time, aiming chiefly at getting rid of the projection. This usually involved all the intermaxillary bone on that side, and implied little heed of what damage might be inflicted on the sound side, although, latterly, he always passed the blades into the mesial line between the intermaxillary bones, so as to secure this side from material injury. In the course of his experience he fancied that he refined on this practice. He found that it was well to detach the portion as high up towards the nostril as could conveniently be reached, and here he discovered that in all young subjects there was only cartilage to be divided. This could easily be done with the knife or scissors, and so, for many years, he has used only one or other of these instruments. Usually he has passed the scalpel through the mucous membrane under the frænum, up between the bones, and divided the cartilage, periosteum, and gum, and thus the use of cutting bone-forceps has been dispensed with. Whilst he can offer little objection to this proceeding, he fancies that he has fallen on one equally efficacious, and void of certain objections which, he thinks, might be urged against it. Instead of this sweeping, wholesale abstraction, he contents himself with making an incision, vertical, sloping, or horizontal, with a scalpel, through the mucous membrane and periosteum, over the projecting piece of bone; with a few touches of the knife, or a little squeeze with the finger and thumb, he so separates these tissues as to permit the entrance of a gouge of a quarter or three-eighths of an inch in breadth, with which he scoops out the body of the milk incisor tooth in as far as it is formed, taking no heed of the cyst or of that of the permanent one. In this way the hard projection is removed, and the tissues that remain offer no obstruction to the union of the junction of the lip in front, whilst the operation is less destructive, therefore more conservative in its character. There is thus left only the mucous membrane, with possibly some periosteum, which form a soft cushion behind the wound in the lip. I have adopted this plan in several cases, and have been much pleased with the result. In one instance I used a silk stitch to hold the edges of the wound in the mucous membrane, but I doubt if it be needful.

Editorial Department.

Periscope.

Ipecacuanha Spray in Winter Cough and Bronchitic Asthma.

Drs. Ringer and Murrell report, in *The Lancet*, the results of this treatment in a number of cases:—

The patient has been troubled with winter cough perhaps for many years. During the summer he is pretty well, but during the cold months, from October to May, he suffers sometimes without intermission, occasionally getting a little better and then catching cold; or perhaps he may lose his cough for a few weeks, but again takes cold on the slightest exposure. So short is the breathing that he can walk only a few yards, especially in the cold air, and finds it hard work to get up stairs, and is often quite unfitted for active life. The breathing grows worse at night, so that he cannot sleep unless the head is propped up with several pillows. He is troubled, too, with paroxysmal dyspnœa, usually at night, which may last several hours, and compels him to sit up. Sometimes the breathing is difficult only on exertion, and in those cases it is made much worse by fogs, east winds, or damp. The expectoration varies greatly; in a few cases there is very little; usually, however, it is rather abundant, and consists of mucus or pus, often with little or no rhonchus in the chest. It is often difficult to expel the expectoration. The cough is generally very violent, frequent, hacking, and paroxysmal, and the fits may last ten or twenty minutes, and even excite vomiting. They are generally brought on by exertion; nay, in bad cases so easily are they provoked that the patient is afraid to move, or even to speak. The cough and expectoration are much worse in the morning on waking. Sometimes the cough is slight, and then the expectoration is generally scanty, the distressed breathing being the chief symptom. The patient generally wheezes badly, especially at night, and in a bad case the legs are swollen. The patient is emphysematous; there is often no rhonchus, or only sonorous and sibilant, or a little bubbling rhonchus at both bases.

In this common but obstinate complaint our results have been very striking, although in many of our patients so bad was the breathing that, on being shown into the out-patient's room, they dropped into a chair, and for a min-

ute or so were unable to speak, or only in monosyllables, having no breath for a long sentence. We used the ordinary spray-producer, with ipecacuanha wine, pure or variously diluted. On the first application it sometimes excites a paroxysm of coughing, which generally soon subsides, but if it continues a weaker solution should be used. The patient soon becomes accustomed to it, and inhales the spray freely into the lungs. At first a patient inhales less adroitly than he learns to do afterwards, as he is apt to arch his tongue so that it touches the soft palate, and consequently less enters the chest than when the tongue is depressed. The spray may produce dryness or roughness of the throat, with a raw sore sensation beneath the sternum, and sometimes it causes hoarseness; whilst, on the contrary, some hoarse patients recover voice with the first inhalation. As they go on with the inhalation, they feel it getting lower and lower into the chest, till many say they can feel it as low as the ensiform cartilage.

The dyspnœa is the first symptom relieved. The night after the first application the paroxysmal dyspnœa was often improved, and the patient had a good night's rest, although for months before the sleep was much broken by shortness of breath and coughing. The difficulty of breathing on exertion is also quickly relieved; for often after the first administration the patient walked home much easier than he came to the hospital; and this improvement is continuous, so that in one or two days or a week the patient can walk with very little distress, a marked improvement taking place immediately after each inhalation; and although after some hours the breathing may again grow a little worse, yet some permanent improvement is gained, unless the patient catches a fresh cold. We have heard patients say that in a week's time they could walk two miles with less distress of breathing than they could walk a hundred yards before the spray was employed. In some instances two or three days' daily spraying is required before any noticeable improvement takes place, this comparatively slow effect being sometimes due to awkward inhalation, so that but little ipecacuanha passes into the bronchial tubes. The effect on the cough and expectoration is also very marked, these both greatly decreasing in a few days, though the improvement in these respects is rather slower than in the case of the breathing. Sometimes for the first few days the expectoration is rather increased. It speedily alters in character, so that it is expelled much more readily, and thus the cough becomes easier, even before the expectoration diminishes.

Treated in this way the patient is soon enabled to lie down at night with his head lower, and in a week or ten days, and sometimes earlier, can do with only one pillow. This improvement occurs in spite of fogs, damp, or east winds; nay, even whilst the weather gets daily worse, and when the patient is exposed to it the chief part of the day. All these patients came daily to the hospital. Of course it is much better to keep the patient in a warm room.

In employing the ipecacuanha spray, in order to insure as far as possible only its topical effects, we were careful to direct the patient to spit out and even to rinse out the mouth at each pause in the administration, for a much larger quantity of the wine collects in the mouth than passes into the lungs. If this precaution is not adopted, sometimes enough is swallowed to excite nausea and even vomiting, by which means the bronchial mucus is mechanically displaced, and of course in this way effects temporary improvement. Even when this precaution was observed, a protracted inhalation will excite nausea and sometimes vomiting, by the absorption of the wine by the bronchial mucous membrane; though, strange to say, when thus induced, vomiting was long delayed, even for several hours, nay, sometimes not till the evening, though the inhalation was used in the morning. In the reported cases, however, improvement was not due to the nauseating effects of the spray, for we took care to avoid this contingency by administering a quantity inadequate to produce this result. The duration of each inhalation will depend on the amount of spray produced by each compression of the elastic ball, and on the susceptibilty of the patient to the action of ipecacuanha. As a rule, the patient at first will bear from ten to twenty squeezes of the spray without nausea, and will soon bear much more. After two or three squeezes, especially on the commencement of the treatment, we must pause a while It is necessary to look at the patient's tongue and tell him to learn to depress it, for if the tongue is much arched it will hinder the passage of the spray to the lungs It is a good plan to tell the patient to close his nose with his fingers and to breathe deeply. The inhalation should be used at first daily, and in bad cases twice or thrice in the day; afterwards every other day suffices, and the interval may be gradually extended. If the ipecacuanha wine is diluted, then the spray must be used a longer time. In cold weather the wine should be warmed.

We have tried the spray with very satisfactory results in a few cases of the following more severe though closely allied disease:—A patient for several years has suffered from severe winter cough, with much dyspnœa, cough, and expectoration; and on several occasions has spat up a considerable quantity of blood. The physical signs denote slight fibroid consolidation, with excavation of both apices, and much emphysema, perhaps atrophous in kind. There is little or no rhonchus, and no fever. The expectoration may be slight or very abundant, muco-purulent or purulent. The dyspnœa is, perhaps, very severe; and is so paroxysmal as to justify calling the case bronchial asthma, with emphysema, and fibroid phthisis. In these cases the ipecacuanha spray is almost as beneficial as in the preceding. It soon controls the dyspnœa, thus enabling the patient to sleep, and greatly lessens expectoration and cough,

and by these means really improves the general health. As in the previous cases, the first inhalation may considerably improve the breathing, though the effects are not so permanent, the dyspnœa returning in the evening; so that spraying is needed night and morning, and may be necessary for weeks or months, the ipecacuanha appearing rather to give relief than to permanently cure the dyspnœa.

On Hysterotomy.

At the meeting of the Gynæcological Society, of Berlin, on March 17 (*Berliner Klinische Wochenschrift*), in the London *Medical Record*, Herr Awater read a paper, in which he advocated the bloody (*blutige*) dilatation of the cervical canal in preference to the use of sponge-tents, on account of (1) the difficulty in introducing them in extremely anteverted uteri; (2) the uncertainty of the times during which they should be left in; (3) the ease with which inflammations may be sometimes set up.

Dr. E. Martin stated, during the discussion that ensued, that he had performed hysterotomy in three hundred cases. The incision rapidly healed if the wound were not kept open by sponge-tents, which he invariably did. If there were much hemorrhage, a plug of cotton-wool, dipped in liquor ferri, was introduced. He, as a rule, kept the sponge-tents twenty-four hours in the canal. An offensive odor arose most frequently, and was of a very intense character, when there was antecedent endometritis or chronic colpitis. He had never seen infection occur after their use that he could fairly assign to the tents. Parametritis was certainly to be attributed to the constitutional diathesis of the patient. In pregnant women the application of the tents was attended with much danger; perhaps it was on account of the larger size of the vessels. Certain cautions should never be neglected, such as disinfecting injections; and tents with smooth surfaces should always be chosen, as they did not expand so rapidly, and also abraded the parts less on their introduction. The effects of the laminaria tents were more transient, produced the same offensive discharges, and one fatal case of parametritis and perimetritis had occurred through their use. The general feeling of the society was that they were not particularly dangerous.

Reviews and Book Notices.

BOOK NOTICES.

The Medical Register and Directory of the United States, systematically arranged by States. By Samuel W. Butler, M.D. Philadelphia, 1874. 1 vol., cloth, 8vo, pp. 854. Price $6.00

In looking at this large volume, with its double columned pages and its closely serried files of names, and reflecting on the prolonged toil of many hands which must have been demanded to make it what it is, the question, what good ends will it serve? becomes a very serious one.

Leaving out of count such practical aid as it may offer the publisher, or the druggist, or the instrument maker, in disposing of his wares, and which will readily be estimated, we prefer to look at the question proposed in a solely professional light.

The book aims to be a list of all persons practicing the healing art in the United States. Distinction is made, as far as information could be obtained, between regular and irregular practitioners. A record is subjoined to each name, also as far as information was furnished, of its bearer's educational and professional achievements. The present post office address is added. All medical educational institutions are intended to be described, their fees mentioned, and their situation pointed out. Remedial establishments of every description are catalogued. Medical societies are named, with their officers. The medical laws of each State are collated. The army and navy medical rosters are included.

As to how accurately all this is done we shall not stop specially to inquire. Suffice it to say that any one who estimates the magnitude and difficulties of the undertaking will be surprised that the errors are relatively so few; as for omissions, for those the individual himself was usually to blame.

It will be seen that this is to each member of the profession a source of information about his profession, unique in character and rich in details, inaccessible elsewhere. It will lead to a more definite unity of action and purpose, and should become, in successive editions, a perfect representation of the physician's calling in this age and country. In a historical sense it is a Domesday Book of our vocation, and must always remain the standard of reference for students of medical history. Many years must pass before there will be room for a second work of the kind, and this, as the first, in time must be the basis of all. It is, therefore, a volume of very considerable importance, the appreciation of which will grow with time, and it should find a place in every medical library of any pretensions to completeness.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 17, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ **NOTICE. 1875.**

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ON ALLEGED LEAD POISONING.

The large use of lead which now obtains in the arts, renders it extremely advisable for physicians to be on the lookout for cases of saturnine poisoning. It is well known that nearly all the hair "color restorers" are compounds of lead and sulphur. Mr. MERRICK, in the last Annual Report of the Board of Health of the city of Boston, has shown by analysis, that this is true of Ayer's "Hair Vigor," Chevalier's "Life for the Hair," Phalon's "Vitalia," King's "Vegetable (!) Ambrosia," Mrs. Allen's "World's Hair Restorer," Hall's "Vegetable (!) Sicilian Hair Renewer," Martha Washington's "Hair Restorative," Singer's "Hair Restorative," and Gray's "Celebrated Hair Restorative."

It is believed that all these compounds, which depend for their value upon the production of the black sulphide of lead in and upon the hairs, are attended with much risk from the absorption of lead into the pores of the skin, and thus into the system. They are used enormously by the general public, as any one can see, the peculiar hue of the plumbic sulphide being readily detected by an ever so little observant eye. It is far from a really eligible cosmetic preparation, as it lacks the first essential of such, that is, "the art to conceal art." A hair dye producing a fresh brown hue, like that of the natural hair, has not yet been discovered, whether harmless or hurtful.

On the other hand, it has been asserted that far too much noise has been made about the possible evil effects of these mixtures. It is well known to every army surgeon that acetate of lead was given in large quantities, long continued, to chronic diarrhœa patients, and few or no cases of poisoning from this source were reported. Prof. Stillè, in his "*Therapeutics and Materia Medica*," says, "They who are most familiar with the use of this salt as a medicine, the practitioners of England and America, have scarcely reported a single case in which serious effects have been produced by it." The black sulphide is, so far as known, absolutely inert,

so the injury, if any, must take place pending the chemical reaction of the sulphur and the acetate.

In the experiments of Mr. Laidlaw, he swallowed, in eight days, five hundred and sixty grains in divided doses. The not alarming symptoms which followed were all removed by a dose of salts.

A somewhat singular instance of poisoning from an *injection* containing lead, is reported by Dr. Faivre in the *Revue de Therapeutique* for June. He was consulted by a young man, aged twenty-three, who was suffering from general *malaise*, headache, and sharp abdominal pain. The tongue was clean, but obstinate constipation had existed for three days, the duration of his illness. Dr. Faivre did not suspect the cause until he found that pressure on the abdomen, which was much retracted, gave relief, and, on examining the gums, a well-defined blue line was noticed. None of the ordinary sources of lead poisoning were present in this case, but, upon inquiry, it appeared that the patient was laboring under a gonorrhœa of several weeks' standing, for which a druggist had prescribed injections. The injection liquid was analyzed, and found to consist almost entirely of solution of subacetate of lead. Under suitable treatment the symptoms slowly passed away, but, even after six weeks, the gingival blue line had not completely faded.

On the whole, however, there is need of a more thorough sifting of the evidence before we ought to pronounce so positively as to the toxical qualities of the lead-salts above referred to, as the chemists have done. There probably are constitutions exceptionally sensitive to the effects of lead, and these may show symptoms of its presence where others would not. It has been shown that the common habit of cleaning bottles with shot is apt to contaminate the contents with a considerable quantity of lead; and this summer a case of lead poisoning was reported in Scotland from drinking soda water, which, on analysis, proved to contain nine-tenths of a grain of lead to a gallon. Still, thousands of people drink soda water, and from such bottles, and very rarely do we hear of ill results. Possibly we have been too hasty in our condemnation of any compound merely because it yields lead on analysis. At any rate, it is clear the question merits a re-examination.

Notes and Comments.

The Relation of Ozone to Life.

The principle called ozone is supposed to influence human health very much. It has a great affinity with oxygen, with which it enters into combination, and abounds under the same atmospheric conditions which produce positive electricity. Ozone is found principally on the sea or near to the sea, and the winds which blow on the land coming from the sea bring a large quantity of it. It could be demonstrated that the sea at a little distance from the land contains the largest quantity of ozone. On the land and on the coast against which the winds blow there is *much more* ozone than in the vallies or any other place distant from the sea. In general, there is *very little* ozone near to towns and inland places.

The quantity of ozone in the atmosphere not being excessive, the principle is purely a mild stimulant, which gives a salutary activity to languid functional action. An excess, however, of ozone gives a dangerous impulse to affections of the lungs and bronchial tubes; and this sometimes happens at the health-stations of the Southeast of France.

Professor Redfern, in a paper at the British Association for the Advancement of Science, gave an account of a number of experiments with animals made to breathe oxygen mixed with ozone, and others made to breathe pure oxygen. The results of these experiments were as follows. The respiration of oxygen with a two hundred and fortieth part of ozone for a very short time, say twenty seconds, is certainly fatal. The same gas, when resolved again into oxygen, is comparatively harmless, even when respired for long periods. Death from the ozone is not due to a closure of the glottis, but to a congestion of the lungs, with emphysema and distention of the right side of the heart with a fluid or coagulation of blood, frequently attended by convulsions. If the ozone be re-

spired in a dilute form, animals become drowsy and die quietly from coma, the condition of the lungs being the same, except that the emphysema is less marked. Animals that have respired oxygen more than twelve hours will now and then die suddenly from the formation of coagula in the heart, even after they have been in good health for some days.

The Action of Hydrocyanic Acid.

Dr. Bœhm, as quoted in the *Practitioner*, reaches the following conclusions on this subject:—

1. The operation of prussic acid is directed upon the central nervous system, whose functions are annihilated by large doses, after a brief excitement or increase.

2. The lesions of the respiration and circulation arise from analogous changes in the activity of their centres in the medulla oblongata.

3. The vagus plays no part, either in the effect of prussic acid on the respiration, or in its effect upon the heart.

4. Atropine is not an antidote to prussic acid. The only rational treatment of this poisoning is the persevering performance of artificial respiration.

How the results of our researches agree with the physiologico-chemical operation is a question for whose decision further researches must be made, but the solution of which is, we believe, simplified by our physiological discoveries.

Effects of Over-Nursing.

In a paper before the Dublin Obstetrical Society, Dr. C. F. Moore remarked: I would draw the attention of the profession to the frequency of cardiac pain in cases of over-nursing and of blood-poisoning, arising, as it seems to me, from one and the same cause, viz.: the imperfect manner in which vitiated or impoverished blood (controvertible terms, as I think) discharges its duty in sustaining life (nourishing the heart itself, as it may be).

Three days since I saw a poor girl, for such, indeed, she was, suffering from all the serious train of symptoms so common in cases of over-nursing; nor was I much surprised when she told me she had been for the last fourteen months, and still was, nursing her twin offspring. This poor girl presented incipient symptoms of fever. Another poor woman now has dry gangrene of the right thumb and index finger, as the sequelæ of deeply maculated typhus. She had furious delirium during the acute febrile stage. This sufferer had nursed one child for several months, and probably would have escaped without loss of health had she not lived in an unhealthy locality. In such cases the illness is too often put down to the fault of the nursing only.

Turpentine in Hydatids.

A writer in the *Australian Medical and Surgical Review* recommends from experience the use of turpentine in hydatids of the liver or brain. The following is the prescription given:

℞.	Quin. sulph.,	gr. ½.
	Terebinth. venet.	gr ijss.
	Pulv. rad. glycyr.	q. s. M.

Ft. pil. No. j.

One such is to be taken three times a day before meals. It is also useful in tapeworm. Another prescription is: Turpentine 1 oz, tincture of opium one drachm, tincture of buchu four drachms, treacle three oz., strong decoction of kousso, as much as made an eight oz. mixture. Of this take a tablespoonful at first every three, then every four hours, and afterwards three times a day.

Monobromide of Camphor.

Dr. Bournville, of the Paris School of Medicine, strongly advocates the therapeutical employment of this compound in cases of delirium tremens, epilepsy, hysteria, infantile convulsions (due to the irritation of teething), chorea, paralysis agitans, etc. He gives the results of numerous interesting experiments, and also the histories of various cases treated successfully. In hydrophobia, tetanus, and epilepsy, he recommends a solution of the monobromide in alcohol and glycerine to be injected under the skin.

The formula for this substance is $C^{15}HO^{16}$ Br.

"Hodgkin's Disease."

In the July number of the Half-Yearly Compendium of Medical Science will be found an interesting description of some cases of this disease. In the recently published contribution of Hebra, on Skin Diseases, by his assistant, Dr. Kaposi, the latter gives the following allied case which he thinks is unique:—

Patient unmarried female, æt. 32, quite healthy otherwise. Imbedded in the cutis all

over the body there were hundreds of brownish tumors, the size of lentils, projecting superficially, and to an equal degree into the areola tissue under the skin. They had existed from childhood, but had latterly increased. One tumor was excised, and upon microscopic examination was found to consist of intercommunicating lymphatics, the blood-vessels being of normal size.

The Prevention of Dental Caries.

In an article in the *Dental Cosmos*, Dr. Flagg states that he has found repeatedly the most beneficial effects produced by the administration of medicines which, used locally in the seemingly accepted method of experiment, would be disastrous in the extreme; for example nitro-muriatic acid will be recognized as eminently destructive of tooth-tissue. He has not seen a case of dental caries which he could attribute to the use of any acid medicine, while he has again and again seen remarkably prompt cessation of dental tenderness and tendency to caries, resulting from local weakness of tooth-structure consequent upon long-continued biliary difficulty, from the administration of fifteen to twenty drops of nitro-muriatic acid daily.

On Metachloral.

M. Limousin lately exhibited to the Société de Thérapeutique specimens of metachloral, an insoluble isomeric form of chloral, and crayons of hydrate of chloral. The crayons are obtained by mixing the chloral hydrate with a little gum, and then covering them with a thin layer of paraffin to protect them from moisture. Several authors have already called attention to the external use of chloral in the treatment of ulcers, hospital gangrene, and ulcerative pemphigus, and metachloral possesses the advantage of being less caustic than chloral hydrate, not deliquescent, and of a less irritant odor. If necessary, it may be mixed with lycopodium or other inert powder.

A Mistake of Ours.

We regretted to see in the Pittsburg *Dispatch*, lately, a fulsome notice of an operation by an ophthalmic surgeon there. What hurt us worse was that we have recently admitted an article from that same surgeon to our own pages. Closer reading of the article, or the sight of such a newspaper paragraph, either of them, would have led to a different disposition of it at our hands.

Correspondence.

On Shoulder Presentation.

Ed. Med. and Surg. Reporter :—

In the Reporter of September 12th, 1874, No. 915, I noticed an article from John H. Parvis, M. D., of Black Bird, Newcastle Co., Del.

I should like to state what a Hoosier doctor would do in such a case as he has reported. The circular fibres of the uterus being firmly contracted upon the protruding arm, I would have put my patient under the influence of opium or chloroform (opium being my preference) until the os would have been softened and dilatable, which would not have been to exceed an hour and a half, and probably not more than half the time, then I would have introduced the hand and grasped and brought down the feet and delivered. That is the mode of procedure with us in Indiana, and we have in similar cases so often tried it, that we have confidence in it. If the gentleman should ever meet with another similar case, do not amputate until you try opium; at least it is certainly worthy a trial. I speak from experience, having met with several very similar cases within the last twenty-eight years. J. E. Lyons, M. D.

Huntington, Indiana.

News and Miscellany.

Death of Dr. Anstie.

The untimely death of Dr. Francis Edmund Anstie will grieve many readers on this side of the ocean, also, who knew him well as editor of *The Practitioner*.

On Sunday, September 6th, he wounded a finger of his right hand in a post-mortem examination of a child. He complained of his arm on Tuesday and Wednesday, and poulticed his axilla on the latter day; but, although he had spoken about his arm to two or three medical friends, he never seriously consulted any one till Thursday. Coma, pleuro-pneumonia, and erysipelatous patches on the pectoral region of the side where the hand was wounded, appeared; and he died at 2.30 on Saturday, with symptoms of clot in the heart, forty-one years of age.

He was the author of works on "Stimulants and Narcotics (1869)," of the articles "Alcoholism" and "Neuralgia," in Dr. Reynold's "System of Medicine," and of "Notes on Epidemics in 1866." These published works, however, represent but a small portion of the literary work which he did. He edited the *Practitioner* from its commencement, and contributed numerous articles to various journals, reviews, yearbooks, etc. For the last ten years, his labor was great: and he scarcely ever allowed himself rest.

We regret to add that he leaves a young family insufficiently provided for.

Death of Dr. McNaughton.

This Nestor of the American profession met his death, in Paris, September 12th, from disease of the heart. A sketch of his life appeared in this journal so recently that we need not repeat its particulars. His loss will be felt widely and deeply.

The Yellow Fever.

This epidemic, which has prevailed at several Southern stations, especially at Pensacola, is now on the decrease. A surgeon despatched to Pascagoula, Mississippi, by the Treasury Department, recommends the raising of the quarantine at that place. He calls its establishment "a big scare."

Death from Chloroform.

At Boston, on Saturday, October 3d, in the case of Linscott, who died in a dentist's chair from the inhalation of chloroform, the coroner's jury declared themselves of the opinion that, with our present knowledge of chloroform, its use as an anæsthetic is wholly unjustifiable, and they recommended the passage of a law forbidding its administration.

Cumberland Co. Pa. Medical Society.

At a meeting of this society at Newville, September 1st, the following officers were elected: For President, Dr. W. G. Stewart; Vice-President, Drs. H. R. Williams and J. R. Bixler; Corresponding Secretary, Dr. R. L. Sibbet; Recording Secretary, Dr. J. C. Clandy; Treasurer, Dr. S. P. Zeigler; Censors, Drs. E. N. Mosser, E. B. Brandt, W. M. Witherspoon, W. H. Lauman and D. D. Hays.

Academy of Dental Science.

The seventh annual meeting of the American Academy of Dental Science took place in Boston on the 28th ult. The following officers were elected for the ensuing year: President, Dr. Joshua Tucker; Vice President, Dr. L. D. Shepard; Recording Secretary, Dr. W. L. Tucker; Corresponding Secretary, Dr. E. N. Harris; Treasurer, Dr. G. T. Moffatt; Librarian, Dr. J. Clough; Board of Censors, Drs. E. G. Tucker, J. L. Williams and W. W. Codman.

The Black Plague.

Heavy mortality is reported from an epidemic in Southern Arabia. It seems to be nothing less than the black plague which formerly depopulated Florence, and it is certain that it has appeared in great extent in the neighborhood of Mecca and Medina. The official reports from these places give the most frightful description of this horrid disease. Its chief symptoms consist in the formation of buboes, which, once they appear, leave no hope of recovery.

—Thirty-nine medical students were arrested in Buffalo, N. Y., for body-snatching.

Personal.

—Dr. J. M. Leupoldt, ordinary Professor of Pathology, General Therapeutics, Psychology, and History of Medicine, in the University of Erlangen, died on August 21st, at the age of eighty. Dr. Leupoldt had been actively engaged in lecturing since his appointment, nearly fifty years ago, to the chair of Medicine, the duties of which he continued to fulfill to within a short period of his death. Beyond the sphere of his own academical activity, he was best known by his comprehensive work on the "History of Medicine," published in 1863.

—In the Circuit Court at Paterson, N. J., October 1, the Jury returned a verdict of $5000 damages against Dr. Norton C. Ricardo, for malpractice in the treatment of a boy's broken arm, whereby the boy lost the arm, and nearly lost his life.

—Among the curiosities at the Pennsylvania State Fair, at Easton, was George Labar, of Monroe, Co., one hundred and twelve years old.

—Dr Abdullah Bey, of Constantinople, well known both as a geologist and physician, died recently in that city.

—Dr Arthur Jacob, ex-president of the Royal college of surgeons of Ireland, and long proprietor of the Dublin *Medical Press*, died last month, at the age of eighty-four years.

—Belgium has lately lost the able and accomplished secretary of her Royal Academy of Medicine, Dr. J. Romuald Marinus, titular member of that body, and officer of the Order of Leopold. The deceased gentleman was in his seventy-fifth year.

—Dr. D. K. Shoemaker has been detailed port physician to Philadelphia.

Items.

—It is stated that an agent of the Prussian Government has purchased Lake Weepanapee, in Union county, New Jersey, for the raising of leeches, trout and salmon. The leeches are to be used for medical purposes, and the trout and salmon to stock the Prussian rivers. The lake has an area of two hundred acres.

—A board of naval surgeons has been in session at Washington, to examine those desirous of entering the medical corps of the navy. There are twenty-one vacancies to be filled.

QUERIES AND REPLIES.

Hemorrhoids.

Mr. Editor:—Is there any *painless* treatment known to the regular profession, for the radical cure of hemorrhoids? D. F. N.

Illinois.

Hot Springs, Ark.—Dr. J. F., of New York. Yes, but with proper auxiliary treatment.

DEATHS.

BATEMAN.—In Cedarville, N. J., August 23d, 1874, Mrs. Cornelia H., wife of Dr. Robert M. Bateman, and only child of Dr. E. E. Bateman, aged 39 years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

CONTRIBUTION TO HYSTEROLOGY.

BY E. N. CHAPMAN, M. D.,

Late Professor of Obstetrics, etc., in the L. I. College Hospital.

(*Continued from No. 920.*)

Case 3. Mrs. S., aged about thirty years, who had had three children at term, and two miscarriages at three months, submitted to local treatment April, 1868. The uterine symptoms commenced shortly after the second miscarriage, which happened October, 1867, and, gradually increased in severity, have now greatly reduced her in flesh and strength. She finds it difficult to attend to her household duties, or, in fact, exert herself in any way, either physically or mentally. Attending this weakness, there are neuralgic pains in the loins and down the pelvis, a copious and prolonged menorrhagic flow, and an adhesive, ropy leucorrhœal discharge.

The general treatment having been enforced for some time to no purpose, the local was deemed necessary. On examination, the corpus uteri was found enlarged, but not super-sensitive, the cervix swollen and œdematous, and the os dilated and filled with an albuminous secretion, that hung down in a glutinous mass, and adhered to the vaginal walls in curdy flakes.

The menorrhagia being, as was thought, due to the defective involution at the last abortion, and this fault in that process by which the uterine tissues are reduced back again to the non-pregnant state due to the continued pseudo-functional activity (as though development was simply held in abeyance), imparted by the excess of blood still circulating in the uterine vessels, it was proposed to relieve the uterine sinuses by scarification, under the expectation that thus involution would be inaugurated. As there is a species of involution at the close of each period, or at least an effort in that direction, it seemed reasonable to suppose that should an operation be practiced at such a time, nature would come to the aid of art, and the congestion be reduced.

The leucorrhœa was regarded as another evidence of this morbid vascular activity, that, present during the intervals as well as at the periods, though in a less degree, would subside with the removal of the cause, and give place to normal circulation when the atonic capillaries of the cervical canal were constringed by a stimulating wash.

Four operations were had in April and May. At the first two, the mucous membrane of the inner cervix and labia uteri was lightly divided by numerous linear cuts, but at the last two, the knife was restricted to the labia uteri, and the nitrate of silver, in solution, applied to the inner cervix. The menses becoming natural, and the glandular secretion restricted, the local treatment was dispensed with, and the cure completed by the use of bark and iron. Her health being fully restored by these several means, she again became pregnant, went to term, and was confined September, 1869. Involution taking place normally, she continued well until the following spring, when, having moved into a miasmatic district, a few miles from the city, she was attacked with the intermittent fever and a menorrhagic flow, that, returning every three weeks, and continuing from

eight to twelve days, resembled a flooding more than a menstruation. By removing from the aguish neighborhood, weaning the child, and taking quinoidine and cinchonia, together with other general remedies that were indicated, she recovered her health completely the winter following, and that without a resort to the speculum being necessary. At present, August, 1873, she is stout and robust, more so than at any previous period of her life, and is free from all uterine symptoms, however trivial; but has not since conceived.

Commentary.—In this case the menorrhagia was probably due to the same cause at the second as at the first attack; but there were, in addition to the greater loss of blood, the miasm and the lactation, depressing the nerves and impoverishing the circulation. Nevertheless, this natural depletion, so spoliative and exhaustive, eventually restored the genital organs to their normal condition. A spontaneous cure, like the above, does, not infrequently, occur in atonia of the uterine vessels, when it is attended with metrorrhagia or menorrhagia, a suggestive hint as to the line of practice that might in this pathological condition, were it not signalized by hemorrhage, be rewarded by success. After a labor or an abortion, involution advances, falters or stops, according as the lochia are free, scanty or absent. When defective, a hemorrhage before or at the return of menstruation may renew the process, and lead the way in the taking down of the old uterus and the building up of the new. Should, however, the degeneration and the renewal that takes place simultaneously, come to a stand-still, the uterus being bulky, its tissues lax, its vessels turgid, and its nerves torpid, it would, in very many instances, seeing that the loss is a mere overflow from the engorged veins beneath the surface, and often fails to afford any relief, be necessary to bring in Art to the aid of Nature. A pause in the metrorrhagic or menorrhagic flow being a sign of a natural effort at involution which the constant fullness of the erectile vessels prevents, it stands to reason that an artificial diminution of this fullness would tend to reduce the venous stagnation, and excite contraction of the muscular and elastic tissues. At the first menstrual interval, some little progress being made by thus aiding the inherent tendency to subvert morbid action, the next period will, provided the genital blood-vessels have gained in tonicity, be delayed to a later day, reduced to a less amount, and otherwise brought nearer to the normal standard. At the second, those wonderful evolutions which effect the unique changes constituting involution will be forwarded still more, and eventually the entire metamorphosis by which the old organ is replaced by the new will be silently and certainly brought to a happy issue.

Case 4. Mrs. S., aged about 32 years, who had borne four children at term, and, subsequent to the last accouchment, that happened some three years since, had miscarried at the second or third month, sent for the writer January, 1867. Her attendant, on discontinuing his visits several weeks before, said that nothing else in the way of medicine was advisable, except the wine tonics, and cod-liver oil, which she had hitherto taken. She is confined to her room, and greatly depressed in spirits by the thought that she is sinking into a decline, as had, indirectly, been hinted at by her physician. She is pale, thin, weak, and nervous, and has, several months past, had a troublesome cough, together with other chest symptoms. Her health was impaired at the time of the abortion, and subsequently lumbar pains, menstrual irregularities, and a leucorrhœal discharge showed themselves; but these disorders, since her thoughts were monopolized by the cough, excited little attention. No disease, aside from a bronchial irritation of slight importance, being discovered by auscultation and percussion, it was suggested that probably congestion of the womb had been induced by the abortion, and the cough by sympathy with the pelvic nerves. Should this suspicion prove true, she was assured that the lung-symptoms could only be reached and her health restored by the removal of this congestion, the parent of all the other disorders. By a persistent reiteration of this argument each day, an examination was, after some delay and much hesitation, allowed, when the uterus was found large; the cervix round; the os uteri red, open and discharging a clear albuminous secretion, and the vagina of a deepened color and covered with curdy flakes.

The general treatment consisted of the means requisite to regulate the bowels, improve the digestion, enrich the blood and strengthen the nerves; and the local, of the use of the scarificator to deplete the uterine veins, and the nitrate of silver in solution to stimulate the Nabothian glands. The local treatment began February 27th, and ended March 28th, being

limited to four operations, the attendance being terminated April 27th. The cure of the primary disease and its secondary phenomena was, as far as outward manifestations went, complete, and that appearances were not deceptive is abundantly shown by the subsequent history of the patient. She recovered her health, suffered no relapse, conceived in due time, bore a child at term, September 17th, 1868, met no accident in involution, menstruated normally, and continued well in every respect to the time of her removal from the city, October, 1870.

Commentary.—The chief interest in this case centres in its nervous element, and the fact that the genitalia declared less pronounced symptoms than other organs far removed from the seat of disease. The irritation reflected along the sympathetic cords, from the uterus to the stomach, liver, bowels, and lungs, so perverted digestion, assimilation and innervation, as to induce the symptoms of phthisis pulmonalis; and yet the uterine nerves gave forth but dubious signs of disturbance. This masking of the local by the general symptoms is common enough, and often leads to a vast deal of ill-directed, fruitless medication, to the serious detriment of the patient, and the no little chagrin of the physician. When, however, by appropriate treatment, the irritability of the uterus shall be allayed, and the monthly health restored, then, with or without the aid of drugs, the sympathetic system of nerves will recover their tone, and the several functions that constitute the sum of organic life be executed normally. A cure, when attained by thus acting in concert with fixed physiological laws, will be complete, and the health, when established by thus removing causes instead of symptoms, will be permanent, seeing that now each vital factor is reinstated in its due preponderance in the economy.

Case 5. Mrs. G., aged about thirty-six years, who had had three children and numerous miscarriages, at a period varying from the second to the fourth month, commenced treatment April 7th, 1868. She is a gross, phlegmatic person, and though suffering the past eight years from, literally, "an issue of blood," is still of a full habit of body. She is the subject of a thousand ills of a neuralgic character, and is lacking in muscular force and mental energy. The chief complaints, however, the ones for which medical aid is now, and has hitherto been sought, are the frequent abortions and the excessive menstruations. The latter are always so copious, clotted, and prolonged, and, at times, so signalized with tenesmetic paroxysmal pain, that she is unable to state positively how many conceptions have been lost. The number, it is thought, cannot be, at a moderate estimate, less than eight or nine. These more severe symptoms, whether due to a miscarriage, metrorrhagia, or menorrhagia, are, in the absence of the bloody flux, replaced by milder ones, lumbar weakness, iliac tenderness, pelvic weight, and a leucorrhœal discharge.

Mrs. G. had, the last five years or more, been pretty steadily under medical surveillance, and had, on several occasions, been treated locally by a distinguished gynæcologist, a distant relative of hers, with reputed success, a success only rendered temporary, as thought, by the intervention of one of the frequently recurring abortions. The writer, who had, at the instance of the regular attendant, been occasionally called upon in an emergency to attend the patient until his arrival, was, at the above date, requested by him to assume the sole charge of the case, as, living several miles distant, in a neighboring city, he found it impossible to spare the time consumed by so long a journey. Having a few days previous examined the uterus, diagnosed hypertrophy and induration, blistered the cervix at three points with a solution of cantharidin, and made an application of glycerine, he left a note containing his views as to the nature of the disease, and the indications to be fulfilled. As, however, the patient had already undergone several courses of a treatment based on the like principles, with no real, positive advantage, and was then worse than at any previous period of her illness, it was deemed requisite by the writer, seeing that now the whole responsibility rested on his shoulders, to investigate the case *de novo*, and to manage it in accordance with his own ideas of uterine pathology, particularly as these had in his hands yielded far better results than were here apparent.

A physical exploration by palpation, touch, and the speculum, elicited the following:—The uterus, movable in all directions, and holding its usual position, is equably enlarged to a moderate extent and is somewhat more sensitive than normal; the cervix is full, rounded, dense, and elastic, and has varicose veins coursing here and there on its surface; the os uteri, little changed in size or form, is encircled by a red zone and filled with a clear, tenacious mucus; the labia

uteri are neither swollen nor everted, and the vagina presents a mahogany color and contains a mixed product, the secretion of the Nabothian glands, the debris of the epithelium and the serum transuded from distended capillaries.

The patient being under the impression that she had hitherto, been submitted to each and every expedient at the command of the gynæcic art, was incredulous as to the promises of relief from further trials of a treatment, which at the best, in her experience, was of temporary benefit only. Although she had waived her objections under the stress of pain and hemorrhage, when positively assured by her family physician that the general treatment could do her no good, but that the local would, if modified by late improvements, reach her case, yet she regained but a sorry confidence in uterine specialists, and was disposed to be hypercritical of a procedure that had long since ceased to command her faith. As, however, the local abstraction of blood had never been tried, she became somewhat more assured and reliant, when the mode of its action and the uniformity of its results were explained.

The local treatment, which was restricted to the employment of the scarification and of the nitrate of silver in solution, extended from April 7th, to July 18th. By these means, the profuseness of the menses, the excitability of the nerves, the induration of the cervix, the duskiness of the vagina, and the supersecretion of the Nabothian glands were gradually, but continuously reduced, and, at last, were so decidedly mastered, that the cure was, to all appearances, almost, if not quite, attained. To test the matter and see in what manner the uterus would now, when undisturbed, execute its monthly evolutions, topical treatment was omitted until two periods had passed. The menstruation and the subsequent involution being effected normally on each occasion, as judged of by the symptoms, the cure was supposed to be perfected. The fact was placed beyond doubt by an examination, September 15th, when the attendance terminated.

A few months after the above date, Mrs. G. again conceived. She went to term without accident, had a living child, made a good recovery, and experienced no return of her old disorders. That the recovery was as perfect as is ever secured in any disease whatsoever, is shown by the uterus regaining its capacity to carry the fœtus to term, and, thereafter, to complete involution and establish a normal menstruation.

Commentary.—This case presents several points worthy of note; the enlargement, the induration, the hyperæsthesia, the vaginitis, the leucorrhœa, the miscarriages, and the menorrhagia, against which, severally and collectively, a learned medical gentleman, one fully capable of bringing to bear on these various disorders all the resources of the gynæcologists, had contended with the poorest measure of success. This being the case, it is pertinent to inquire whether his pathology, as well as of all others who adopt the terms metritis, endometritis, etc., etc., is not radically erroneous, and whether these seemingly individual diseases are not simply manifestations of one common morbid action, lying back of them all, that will, unless removed, perpetuate them indefinitely. This morbid action, it appeared on the examination, was the constant excitement of the erectile vessels of the uterus, ovaries, and vagina, a state like that present during the menstrual act, but unlike any other in the female economy. This is not one of inflammation, nor of congestion in the ordinary acceptation of that term, but one in which the nervous and vascular excitement at the periods does not fully subside in the intervals. Hence, the irritability of the nerves, the activity of the arteries, and the fullness of the veins, continuing in a modified degree during the month, a semi-erection is present at all times, and induces, by its unnatural stimulus, the changes met with in the various phases of uterine disease.

The treatment adopted in this case being based on a recognition of this deeper seated trouble, was, to the neglect of more superficial changes, directed exclusively to its removal. In other words, the cause, and not its effects, was regarded, under the conviction that, unless this were obviated, no permanent impression would be made, however vigorous the onslaughts on the outposts of the enemy, and furthermore, that, should this cease to keep alive morbid action, the uterus would, by its inherent vitality, return to its original condition, the induration melting down and coming within the sphere of the absorbents, the involution proceeding and forbidding the constant repletion of the erectile vessels, and the menstrual excitement lessening and failing to find material for the hypertrophy and stimulus for the undue exfoliation of the corporeal mucous membrane. To this end the

loss of blood was designed to be just sufficient to unburden the venous canals of the uterus and blunt the irritability of its nervous fibrils. As the circulation of the inner cervix was over-active, and its sensibility over-acute, the use of the scarificator was supplemented by that of the nitrate of silver, in order to cut off the secondary source of irritation and restrain the secretion of the glands within proper limits. That the practice was well grounded is made evident by the happy issue of this case, and that it merits more general appreciation is the uniform claim of very many other cases, hitherto published, treated on the same principles.

Case 6. Mrs. T., æt. thirty-six years, came under my observation May 7th, 1874. She was confined at six, at eight, and at nine months. The first child was still-born, the second lived a few days, and the third died when three and a half years old. At its death, six years ago, she became greatly depressed and morbidly solicitous about the state of her womb, a matter which had, previous to the last pregnancy, claimed attention. At that time, though suffering from no inconvenience, except a slight lumbar weakness, a moderate leuchorrœal flow, and an inconsiderable vaginal irritation, she consulted an eminent medical gentleman, who made two examinations. Conception now taking place, the treatment was discontinued, and not resumed until some weeks after the child's death. Meanwhile her health had been perfect, save the trivial pelvic symptoms above named, which, returning during the period of lactation, excited no solicitude whilst her child was alive. Being apprehensive of the existence of some serious female difficulty that would be an effectual bar to impregnation, unless removed by art, she again consulted her medical attendant. He made various local applications that caused pain at the time, and eventually rendered her very much worse. Being disheartened after several months' trial she abandoned treatment and went into the country for the summer, where she gradually regained her accustomed health. In the fall she placed herself under the care of another physician, who made uterine disease a specialty. From his treatment, which was of nearly six months' duration, and of a more energetic character than the one previously enforced, she became worse than before, and yet she was assured that the morbid condition which he aimed to remove was rapidly giving way. Losing all confidence in the medical art, she abandoned treatment, and in despair succumbed to her ill fortune, whereupon she slowly regained her original status.

A year since, true to her utero-monomania, she consulted still another specialist, who, after a preliminary trial of certain expedients, said it would be necessary, in order to reach the seat of the disease, to dilate the neck of the womb, and apply a wash directly to its cavity. Being, from past experience, doubtful of a too active interference, and fearful of possible disadvantage, she determined to change again, but now, as her funds had suffered from serious inroads, she was necessitated to seek relief as an out-patient of a hospital. Here, from the local abstraction of blood by an assistant physician, she was greatly benefited, so much so as to consider herself nearly well. At this juncture, the utero-surgeon of the institution, investigating the case, informed her that it would be possible, seeing the marked progress attained, to effect a complete cure, provided she could be persuaded to become an in-patient, and submit to other and more radical measures. Her entire confidence being secured by the relief already attained, she readily assented, under the hope that conception might thus be rendered possible, and February last entered the hospital, where she remained until three weeks since. The first operation was the dilatation of the cervical canal, the second the rasping of the corporeal mucous membrane by the curette, the third, fourth and fifth, the application of fuming nitric acid to the uterine cavity. The day after the last application an abscess broke into and discharged itself by both the vagina and rectum. This lessened the fever, pain and local distress, that began with the tent, increased with the curette, and culminated with the acid. At the last operation she was encouraged by the assurance that the object aimed at was attained, the hypertrophy even being melted down, as shown by the depth of the uterine cavity being reduced from three and a half to two and a half inches, but informed that, to complete the work and render the cure permanent, it would be necessary to amputate the cervix, which, by its length and bulk, could not fail to reinduce the original disease. The patient, prostrated by the flooding following and the suffering attending the dilating, scraping and burning processes, and the nerve-shock communicated by the inflammation and suppuration of the pelvic cellular tissue, became wild and uncontrollable, and availing

herself of a favorable opportunity escaped from the hospital and fled to her home. Here the assistant physician found her, paid her a few visits, pronounced her a hopeless lunatic, and committed her in legal form to an insane asylum. Her husband observing an amelioration of the symptoms, delayed the use of the papers from day to day, and at length, by her entreaty, sent for the writer. At this time she seemed tolerably rational, enough so to give a connected history of her case; but still she thought that every one, her husband and sister included, was plotting to do her some bodily harm, by secretly putting poison in her food, or forcibly taking her to the asylum.

She is thin, pale and weak, has a wild, furtive eye, acts in a nervous, suspicious manner, passes wakeful, restless nights, refuses food, and suffers from obstinate constipation. The local symptoms are unimportant aside from a dark and bloody serous discharge, which has a putrid odor, and causes burning and scalding in the vagina. It would seem as though all the minor evils peculiar to uterine disorder had been swallowed up in the major one reflected to the brain.

The stomach and bowels were corrected by a laxative, the nervousness and sleeplessness assuaged by pills of hyoscyamus and camphor, and the appetite and strength encouraged by a vegetable and ferruginous tonic. By these and moral means, it was hoped that some impression would be made on the mental aberrations, which were supposed to take their rise in the genital nerves, and that, should the next menstruation, now nearly due, appear and deplete the surcharged erectile vessels, this impression would afford such relief as to offer a chance for treatment.

May 15th. The menses, scanty, thin, muddy, short in duration and foul from dissolved blood, having now been passed some two days, an examination was made, with the following result: The vagina has a dry and purplish look, from the lack of secretion and fullness of the veins; the cervix is large, round, dense, elastic and sensitive, lies far back in the pelvis, and points to the middle of the sacrum; the uterus is restricted in its movements, enlarged by two and a half times, and thrown downward and forward on the bladder; the fundus rises just above the superior edge of the pubic bones; the cervix presents a pale, polished, glistening appearance; and the os uteri, round and open, is not abraded, not occupied by a secretion. The womb, easily traced by the finger on its anterior face, and greatly elongated, particularly in the super-vaginal portion of the cervix, feels like a cylindrical body having a nearly uniform diameter. On puncturing the cervix and scarifying the labia, their tissues were found to be hard and resisting, a state of actual induration, and to cut like a raw potato, very much as when they are the seat of malignant deposit.

The condition above described seemed one in which the uterus, its cervical portion more especially, had become enlarged and indurated, and the pelvic areolar tissue inflamed and the seat of an abscess, by means of the direct and persistent violence inflicted. That the local changes, as also the distant disorders of the brain, were chargeable to the curette and acid, and not to natural causes, appeared to the writer highly probable, inasmuch as he had not been accustomed to meet with such as these under ordinary conditions. The extremities of the uterine nerves were first irritated by abrasion and erosion, and then their fibres became imprisoned in hard, callous tissues, and stimulated by an increased flow of blood to the erectile vessels.

A few days subsequent to the examination the patient became so refractory and unmanageble that it was necessary to commit her to the asylum. There, at first, the attendants were obliged, on several occasions, to resort to the straight jacket, but of late she has been passive and melancholic, taking no interest in the past or the present.

Commentary.—This patient was treated energetically, from first to last, on the principles advocated, and by the agents employed, by the leading gynæcologists of the day. This same treatment is now being carried out, under the leadership of these high authorities, on hundreds of women in all parts of the civilized world; and yet the writer must, if he may be allowed to express his real convictions, protest most emphatically against this whole scheme of uterine surgery, as false in theory, and unreliable in practice. If the dilatation of the inner cervix by a tent and the washing out of the uterine cavity by a mild fluid has, in several instances, induced fatal symptoms, what may be expected from the rasping down, and the burning away of the mucous membrane. Many cases escaping serious harm, and some receiving apparent benefit, prove but little either way,

inasmuch as to form a sound and just opinion permanent results should alone be regarded. Moreover, the question should be seriously mooted whether or not simpler and safer means would be equally efficacious. The cautious and humane physician, at least, will look to it, before venturing on debatable ground, and attacking disease with hazardous weapons, that all gentler expedients have been tried in vain.

STRANGULATED HERNIA REDUCED BY FORCING AIR INTO THE INTESTINES.

BY DR. M. PERL,
Of Houston, Texas.

I was called, on September 20th, at 11 P. M., to see A. R., æt 51, machinist, who had been suffering for four days with strangulated inguinal hernia, left side. He had been on a big spree, as his room-mate told me, and had lost his truss; pulse very feeble, 120; tongue thick brown coating, very dry; vomits everything he takes.

After trying for six hours to reduce the hernia, without success, using enemas with tobacco infusion, and everything I could think of, I went after my instruments, and made all necessary preparations for the operation, only waiting the return of a messenger with some chloroform, when it occurred to me to force air into the intestines through the anus.

In my bag I had a Richardson's apparatus for local anæsthesia, to the bellows of which I attached a small tube, inserted it in the anus and commenced to force in air. The lower part of the bowels soon distended, and after twenty minutes of constant working of the bellows, the patient became uneasy. I withdrew the tube, which was followed by some flatus. I then laid the patient on an inclined plane, lower extremities higher than the trunk, which I have used before also, and tried the taxis again, when, to my great satisfaction, and the patient's delight, a quantity of gases escaped and the hernia was instantly reduced.

I then ordered an enema with soap and oil, which produced a copious discharge; the first in five days. The pulse soon went down to 90, he drank a cup of coffee, which he retained; is at work now, and will take care not to lose his truss again.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hypodermic Injection of Ergot in Post-Partum Hemorrhage.

Dr. P. C. Williams, of Baltimore, recently read a paper on this subject, before the Medical and Chirurgical Faculty of Maryland, from which we extract as follows:—

I hazard nothing in saying that violent post-partum hemorrhage is one of the most serious accidents that come under the care of the physician. Anything, therefore, that suggests additional means of relief in this alarming complication deserves careful consideration. The known effects of ergot in promoting uterine contraction long since determined me to try its hypodermic use whenever I was called upon to treat post-partum hemorrhage.

The first opportunity that presented itself was in the case of Mrs. R., a young woman in fine physique, in good health, and who had no untoward symptoms during her pregnancy. Mrs. R. was confined with her first child in October, 1873. She had a long, exhausting labor, during which I gave four or five drachm doses of fluid extract of ergot, with very little effect. After the head had remained for some time in the cavity of the pelvis without apparent progress, I determined to apply the forceps. Chloroform was administered, and the child was extracted without difficulty.

The placenta was expelled in due time, and everything progressed satisfactorily, until suddenly, without appreciable cause, the uterus became completely relaxed, and produced a profuse hemorrhage, which exhausted the patient with great rapidity. After using the customary remedies, such as pressure, insertion of the hand into uterus, ice externally, and ice in the uterus, etc., without the slightest effect, I injected half a drachm of fluid extract of ergot in the inside of the left thigh. Immediately I again thrust my hand into the uterus, and my anxiety was relieved by discovering that the uterus was beginning to contract vigorously, and it promptly expelled my hand from its cavity.

The contraction remained firm, and the hemorrhage was completely stopped. The convalescence of this patient was rapid and satisfactory.

The second case to which I call attention is

that of a lady about thirty-five years of age, of medium height, frail figure, and rather contracted pelvis. She has been married ten years. Prior to the confinement in question, she had but one child, which was born with extreme difficulty, about eight years ago. During her recent pregnancy, her general health was good. Towards the latter portion of her pregnancy she suffered very much from pain in the right hypochondriac region, which was very violent up to the time of her confinement, and totally forbade her lying on the left side. Her labor was long and severe. During the last few hours of it, I kept her more or less under the influence of chloroform, and occasionally gave ergot to prevent the chloroform diminishing the activity of the pains. No progress being made, I applied the forceps and delivered the child. After waiting a short time for the expulsion of the placenta, I endeavored to remove it by traction upon the cord, which unfortunately broke. Examination then revealed that the placenta was adherent over its entire surface. I again administered chloroform, and after prolonged and tedious effort, succeeded in detaching the placenta. The uterus contracted well.

I went across the room to superintend an inefficient nurse, but in a little while was recalled to the bedside of the patient by a gush of blood which was distinctly audible. The flooding was alarmingly copious.

Remembering my experience in the former case, I immediately injected half a drachm of the fluid extract of ergot on the inside of the thigh.

The flooding was promptly arrested, and did not return. My patient was prostrated to such a degree, however, that for several hours she could not make the slightest movement without producing serious attacks of syncope.

This condition was relieved by a few hypodermic injections of brandy.

This patient improved rapidly, and was soon restored to her usual health.

Other cases are given, with equally satisfactory results.

Stammering.

Our foreign exchanges report that the treatment of this defect is now carried on with much success in France, by M. Chervin. His method has been the subject of a favorable report to the Academy of Medicine, in which we find a sketch of the system. The training begins by a respiratory practice, in which the patient learns to steady his voice whilst regulating the respiratory rhythm. Then follows the practice of vowels, which, in fact, constitutes the gymnastics of articular phonation. Lastly comes the demonstration of the functions which the tongue and lips have to perform, and of the shape which the mouth should assume in the pronunciation of each letter of the alphabet. This concludes the initiatory practice. Afterwards we have the combination of letters, vowels, and consonants in the different and respective positions which they may occupy; and finally, words and periods, with the intonation and expression which they require. The whole consists in gymnastically educating the organs of speech, the excellent results being due not so much to actual muscular work as to the precision with which the practice is carried out. The success depends on an effort of the will on the part of the patient to reproduce with the utmost precision a particular movement. The will of the teacher must take the place of the patient's will, as the latter is unable to regulate the movements dictated by it.

M. Chervin justly remarks that stammering is a kind of chorea of the muscles of respiration and phonation. To remedy this he advises slow and measured gymnastic exercises of respiration, this being the first part of the treatment. It is shown above that he combats the unruly movements of the tongue and lips by subjecting these organs to muscular exercise. This method seems thus perfectly rational, and the Government has been advised by the Academy of Medicine to give M. Chervin pecuniary support.

The Dispersion of Tumors by Puncture.

Dr. Cameron, in *The Lancet*, observes that those familiar with the East are aware that, from time immemorial, the native hakims have been accustomed to attempt to bring about the absorption of the enlargements of liver and spleen, so common in hot malarious countries, by the use of puncture with long sharp stilets of considerable thickness. Twining, in his work "On the Diseases of Bengal," mentions the practice. Dr. Cameron states that he has never followed it for the purpose of procuring dispersions of such enlargements, but that he has frequently seen those of the liver disappear rapidly after repeated plunges of an ordinary hydrocele trocar, when seeking unsuccessfully for suspected abscess, and he never found in any instance inflammatory or any other bad symptoms produced by such operations, strange as it may appear to those unaccustomed to perform them. What he wishes particularly to draw attention to is, that other enlargements besides those of the liver and spleen may be made to disappear by puncture. Nothing is more tedious than those chronic glandular swellings which, in strumous subjects, often, in hot countries, follow upon trifling causes, such as angry mosquito bites, riding a rough bucking horse, over-exertion, or a strain in cricketing, and so forth. He states that he has known an officer laid up for many months and ultimately invalided, with a large mass of indurated enlarged glands occupying the whole inguinal region, and resisting all the recognized routine of treatment. Accident showed him that deep puncture of such masses with a common lancet held at right angles to the swelling, and pushed down to its bottom, will often cause absorption to set in and proceed rapidly. The first case in which this occurred to him was one of a mercantile gentleman, disabled by a

mass of swollen inguinal glands, almost as hard as a board, and resisting all treatment. This patient's loss of time at the office was a very serious matter to him, and, influenced by his despairing impatience, Dr. Cameron plunged a lancet perpendicularly into the mass as far as it would reach. The point came out tinged with matter, and hard pressure brought up a little cheesy, ill-formed pus, but no discharge whatever followed, and absorption set in and proceeded rapidly. This and several other cases which he mentions have led him to think that this mode of puncture might be found to bring about the dispersion of such growths as fibrous tumors of the uterus; and reasoning from the non-supervention of evil symptoms after repeated and deep puncture of the liver with a trocar, he sees no ground for fearing to puncture with a small stilet such a fibrous uterine tumor as is often plainly to be felt through the abdominal parietes, and he thinks puncture through them less likely to be followed by evil consequences than puncture per vaginam, owing to the exclusion of air.

Theory of Scurvy.

The Paris correspondent of the *Medical Times and Gazette*, London, gives M. Villemin's new theory of scorbutus. That writer thinks the very abundance of causes that have been assigned, *e.g.*, cold, humidity, salt food, privation of vegetables, etc., proves that the real one has not been found. Many of these are quite secondary in their influence, and can at most be considered as accessory. These causes can never explain the epidemic visitations on record, and the long periods which have ensued without any recurrence of these. The influence of fresh vegetables also in arresting epidemics has been erroneously assumed, while the real ameliorating agency, the passage from within the epidemic circle (*foyer*), has been overlooked. The disease is essentially epidemic or endemo-epidemic, and is never met with in the sporadic condition. It is a miasmatic and infectious disease, having its habitat especially on the shores of the North Sea and the Baltic. Of the same nature as cholera or typhus, it may be as easily developed on land as at sea, appearing among great agglomerations of persons, whether in camps or in prisons, and prevailing over large tracts of country in the most opposite hygienic conditions. While admitting that scorbutus is due to a specific miasmatic principle, we must recognize that there are various adjuvatory causes which exert their influence on its production and extension, such, namely, those which have been erroneously considered as the primary causes. Speaking of the great resemblances between typhus and scorbutus, and especially in relation to their etiological analogies, M. Villemin observes, "It is remarkable how often we meet with scorbutus associated with typhus under a crowd of circumstances; and the frequent simultaneousness of these two scourges leads to the supposition that they originate under similar conditions. In fact, vessels, bagnios, prisons, camps, besieged villages, barracks, hospitals, etc., are their domiciles in common; war, famine, poverty, misery, are their generators; and populations that are agglomerated, hemmed in, and deteriorated by disease, fatigue, and privations, are their victims."

Gluteal Aneurism.

In his lectures this year, at the Royal College of Surgeons, quoted in *The Doctor*, Mr. Timothy Holmes thus summed up the conclusions to which present experience seems to him to point in the treatment of gluteal aneurism:—

1. Gluteal aneurisms, both traumatic and spontaneous, are very favorably circumstanced for the treatment by either rapid or gradual compression, applied to the aorta or common iliac.

2. If this treatment does not succeed by itself, it may be supplemented by coagulating injection or galvano-puncture, performed while the patient is narcotized and the circulation commanded.

3. When such treatment fails, and particularly in aneurisms with imperfect or ruptured sac, where it is not indicated, the internal iliac must be tied when the surgeon thinks that he cannot find the artery outside the pelvis. But when the artery is accessible, the old operation, or the operation of Anel, should be practiced, according to the size and extent of the tumor.

4. The ligature of the internal iliac artery is liable to failure in cases of spontaneous aneurism, from a diseased condition of the coats of the artery, and should always be avoided when other means of treatment are available.

Treatment of Malignant Pustule.

The Paris correspondent of the *Irish Hospital Gazette* states that at a meeting, lately, of the Academy of Sciences, M. Bouley presented a memoir by M. Cézard, on what he terms the anti-virulent method of treating charbon, or malignant pustule, basing his theory on the experiments performed some short time ago by M. Davaine, illustrating the anti-virulent properties of certain chemical agents. According to the author of this paper, iodine is considered the best antidote against the poison or virus of charbon, or malignant pustule. He states that a dose of one-twelfth of a milligramme of iodine is sufficient to destroy the virulence of the fluid of malignant pustule, that is to say, when mixed in a test tube; but that it will take much less to prevent or even destroy the virulence of this terrible affection when the drug is introduced into the organism. M. Cézard informs us that an animal can support, without any inconvenience, the introduction in the blood, at one and the same time, of a quantity of iodine amounting in weight to more than one-five-thousandth part of the entire mass of blood, that is to say, more than is sufficient to destroy instantaneously the virulence of malig-

nant pustule, when this latter exists, and to prevent its development, when once the virus is introduced into the organism. Iodine, whether administered by the digestive tube or by hypodermic injections, is absorbed in substance, and preserves its special properties even in the blood. M. Cézard advises that the drug be administered in the form of iodide of iodine, that is, in the proportion of one part of iodine to two of the iodide of potassium, which renders it more soluble in water and mitigates its irritating properties. This method of treatment, he continued, is very efficacious, not only against the true malignant pustule when it has attained the stage characterized by œdema, but also before it reaches that period, and even against the symptomatic fever of malignant pustule. M. Cézard also employs iodine locally in this affection, in the form of subcutaneous injections of a solution in the proportion of one-five-hundredth, and in the form of lotions, in the proportion of one-hundredth of the iodide of iodine. If there be a slough this should be previously excised, in order to facilitate the action of the drug.

The Cause of Erysipelas.

From a review in the *Lancet* it appears that this subject has recently been taken up by Dr. W. Lukomsky, of Kiew, who states that in April of this year Professor Recklinghausen, after examining several cases of intense erysipelas with negative results, observed in two cases the lymphatics and serous canals of the skin to be filled with micrococci, and handed them over to Dr. Lukomsky for further investigation. These, with several other cases which fell under Dr. Lukomsky's care, form the subject of a paper which has just appeared in Virchow's *Archiv*. Microscopical examination showed, first, that when the erysipelatous process was recent and in progress, micrococci were always found in the lymphatics and serous canals; secondly, that when the erysipelatous inflammation was in the retrogressive stage no micrococci were present, even when the inflammation was acute, except in the subcutaneous connective tissue, which, in two, at least, of his cases, was crowded with micrococci, notwithstanding the disease had been present for several days.

The results of the microscopical examination of these cases naturally led Dr. Lukomsky to try whether erysipelas could be communicated to, or induced in, animals by the subcutaneous injection of fluids containing or free from bacteria; and, secondly, whether any similar process could be lighted up by the application of similar fluids to open sores; the difference between the two cases, of course, being that in the one case the fluid containing fungus spores was forcibly injected into the tissues whilst in the other case they could only be absorbed gradually from the surface. The experiments were all made on rabbits. The fluids injected were water in which muscles of frogs had been allowed to putrefy, the fluid from a strumous abscess decomposed by exposure to air, and pericardial fluid in the same condition. Examinations of the part were made both during the life of the animal and after its death.

The conclusions at which he arrived, from the experiments in which the above fluids were subcutaneously injected were: first, that the statements made by various authors that fluids holding spores of fungi in suspension, when subcutaneously injected, produce violent phlegmonous inflammation of the subcutaneous tissue and to a marked extent of the cutis also, are correct; next, that the micrococci very greatly increase in the tissues, and become widely distributed through the lymph canalicular system and lymphatics; thirdly, that this inflammatory process can be induced by a fluid containing fungal spores, but in which no trace of putrefaction or decomposition is perceptible, and even by fluid from a living individual, granting that the presence of spores is not a proof of the existence of putrefaction; fourthly, that the fluids of dead animals *not* containing micrococci and bacteria only cause local inflammation which has no tendency to spread; and lastly that the contents of erysipelatous vesicles, free from fungi, injected subcutaneously, do not usually produce any morbid phenomena.

In the second series of experiments with open wounds, Dr. Lukomsky finds that fungus holding fluids cause violent local inflammation which quickly extends to the adjoining skin producing a condition not distinguishable from erysipelas as it appears in man.

Hypodermic Use of Chloral.

The following case is given in the *British Medical Journal*, by Dr. John Brickwell:—

M. P., wife of a farmer, aged sixty-six, having gone to bed the previous night quite as well as usual, awoke at 5 A. M., August 26th, with violent pain in the bowels, followed immediately by a copious loose evacuation and vomiting. At 9·30 A. M. I found her in bed, apparently unconscious, with a sunken dusky countenance and cold surface; temperature 96° in the axilla; pulse feeble, 90. She had passed frequent rice-water stools, and vomited similar matter. She had great pain in her abdomen and agonizing cramps in her legs. At 10 A. M. I injected ten grains of chloral, dissolved in one hundred minims of water, under the skin of her arms and legs; applied hot bottles to her sides and feet, and ordered her to drink only cold water. She had no urgent thirst, and her voice was weak but not whispering. The effect of the injection was almost immediate. In ten minutes the vomiting ceased, and the cramps became quite bearable, and soon the patient expressed herself as greatly relieved. At 11 A. M. the cramps were less severe; she had no vomiting; still passed rice-water stools under her. temperature 96°; pulse feeble, 90. She had passed no urine since 5 A. M. At 1 P. M. the cramps were diminishing; she had no vomiting but continued to pass colorless watery stools

temperature 97½°; pulse fuller. She was ordered to take some cold brandy and water, which she vomited. At 6 P. M. she had no cramp, and had passed some urine under her. The purging was less; temperature 97°. She was ordered to take five minims of tincture of opium and ten minims of chloroform in half an ounce of water every hour. At 10 P. M. the temperature was normal, and the skin moist. There was no purging; and from this time she made an uninterrupted recovery. A slight redness and tenderness at the site of one of the punctures was the only inconvenience which arose from the injection.

Eczema and Asthma in Children.

At a meeting of the Medico-chirurgical society of Edinburgh, Dr. Stephenson read a paper on the eczematous eruptions and eczematous asthma in children. While drawing the attention of the profession to the association of asthma with infantile eczema, the author takes the opportunity of dissenting from the nomenclature regarding eczematous eruptions in children, which is being introduced by recent writers who follow Hebra in his classification. He prefers the old names of porrigo larvalis, eczema, and impetigo, as conveying ideas not limited to mere external characters. While, as viewed by dermatologists, they belong to the eczemata, they nevertheless should be regarded as clinically distinct affections.

The influence of age or development in determining their origin and course cannot be overlooked. Each has its distinct period. Porrigo and eczema frequently affect several members of a family, but not indiscriminately; the two are not to be met with in the same family.

The natural history of each affection, apart from mere external characters, was sketched. Eczema proper, the author believes, is dependent upon developmental conditions, and in this relationship we have a satisfactory explanation of its varying phenomena, its obstinacy under treatment in the earlier years, and its tendency to spontaneous cure when the developmental conditions change. The natural limit the author places in the sixth year.

The association of asthma with eczema is mentioned by Dr. West, the only writer who specially refers to it. Two cases which came under the author's notice are recorded. In one the attacks were distinctly associated with derangement of digestion. Under regulation of diet and iodide of potassium, the attacks have greatly diminished.

Face-Injury, with Amaurosis.

Dr. John W. Martin reports the following case in the *Medical Press and Circular*:—

Michael Wall, æt. sixty, a laborer, in the course of a dispute with his son-in-law, received a blow from a stone, which inflicted a severe lacerated wound, involving the upper eyelid on the right side, and the bridge of the nose, also the fractures already enumerated.

On the 24th of February, 1874, the wound being nearly healed, he presented himself, complaining of severe pain in the orbit and temple, right side, complete loss of sight and lachrymation, the tears escaping over the cheek. There were no symptoms of external inflammation. The inner canthus of the eye was displaced downward and outward. Examination with the ophthalmoscope revealed well-marked congestion of the retina as compared with that of the unaffected eye. Motions of both eyes normal. Bowels acting. General health good.

℞ Solution hyd. bichloridi, ℥j
(Strength, gr. i, to ℥i,)
Tr. aurantii ad, ℥ij. M.

One teaspoonful to be taken three times a day in a little water, after meals.

Applied strong tinct. of iodine to the temple.

Friday, 26th. Headache diminished; sight returning; objects seen indistinctly; when looking straight before him is unable to see anything placed *above* the level of his eye. Retinal congestion diminished.

February 28th. Range of vision increased; objects seen more distinctly. Lachrymation and headache diminished.

March 4th. Treatment altered to biniodide of mercury in mixture. Improving.

March 12th. Ordered mist. potass. iodidi c. cinchona. Subsequent history one of steady improvement and recovery of sight.

The points of interest are the complete amaurosis dependent on retinal congestion, and the rapid and steady improvement when placed under mercurial treatment.

Treatment of Retracted Nipple.

A translation in the London *Medical Record*, of an article by Prof. Kehrer, of Giessen, states that in some cases, where the nipple is either entirely or nearly under the level of the areola, it can be so brought into prominence by the vigorous action of the child that the latter is able to extract the milk; but there are others in which the retraction is more marked, and which one might aptly term cases of *mammilla circumvallata*, when it is impossible for the child to seize the nipple without surgical interference. In these we have a crater-like cavity surrounded by a wall, in which the short nipple lies concealed at a depth of a centimètre and a half, and from which the strongest efforts of the child are insufficient to draw it. Sometimes the opening into this cavity is so narrow that the nipple could not be drawn out of it even if the child were strong enough, and to this is added the swelling of the parts by the mechanical irritation of the fruitless sucking of the child.

By a simple plastic operation, consisting of the excision of the ring surrounding the nipple, the mammilla circumvallata may readily be converted into a mammilla prominens, aided by artificial exhaustion of the breast. For this purpose two incisions are made, the upper cor-

responding to the edge of the cavity and uniting at an acute angle with the lower, at each side, at the lateral and median margin of the areola. The skin and subjacent tissue are then raised in a direction towards the nipple, care being taken to avoid the milk-ducts, until the mammilla is isolated all round. The edge of the skin-flap thus raised is then to be removed for one or two millimetres in breadth, the hemorrhage being controlled by cold sponging, and the opposing edges of the wound brought together. In order to avoid tension, it may be advisable to undercut the outer edge of the wound. The wound, when closed, is somewhat oblique, and encloses the nipple, as in a circle. Its after-treatment demands nothing special. After it has healed, the nipple will be found to be on a level with the surrounding skin, or even to be somewhat prominent, and this improvement may be increased by the use of exhausting glasses.

The Internal Administration of Absolute Alcohol.

Mr. John C. Lucas, L. R. C. S. E., writes to the London *Medical Times and Gazette*:—

The internal use of alcohol in the anhydrous form, or as rectified spirit, has hitherto been unknown in therapeutical literature. Rectified spirit, as we are aware, contains eighty-four per cent. of absolute or anhydrous alcohol; it enters into the preparation of most of our tinctures, and is largely employed for external purposes. But when given internally in properly regulated doses, it should always be freely diluted, and properly disguised with peppermint, and perhaps colored with tincture of lavender, not only to conceal its disagreeable taste, but likewise to prevent the patient from knowing that he or she is taking alcohol, the dose being adjusted in accordance with the demand of each individual case. The advantages gained in this mode of exhibition are great over ordering brandy, etc., as a portion of nourishment, in cases where we have hitherto employed the latter for virtues possessed by the former, without the evils and uncertainty attending the usual mode of administering alcoholic stimulants. I shall briefly state the objections to ordering brandy, gin, etc.

First and foremost, the quality of the brandy etc., plays the most important part, especially as it is our main object to regulate the quantity of alcohol taken by our patient, not to speak of the impurities and adulterations, so that if we prescribe it in the form mentioned above we are positive as to the quantity, and that our patient does not have the noxious ingredients contained in bad brandy, gin, etc.; the former, when good, ought to contain a little more than half its weight of alcohol. Secondly, when it is dispensed and labeled in the ordinary way, as medicine, the friends of the patient, and nurses, are more likely to give it at specified and regular intervals, as desired by the practitioner, than if brandy, etc., were ordered in the form of nourishment. Thirdly, the patient, if conscious, takes medicine more readily than food. Fourthly, and lastly, we know that in lower-class patients the friends who nurse the sick are too often tempted to help themselves out of the stock which ought to be consumed by the patient. Unfortunately, this evil we sometimes, though rarely, witness in hospital practice, where the nurse, addicted to drink, robs the sick of the important alcoholic portion of nourishment. Of course this is neither expected nor seen in tolerably good-class practice, nor in well-governed institutions.

In the few cases in which I have adopted this method (originally inculcated by Prof. Parkes, of Netley), I have found every good derived. The stimulating effect, when desired, seemed to me to be more marked, more rapid, and more lasting than when an equivalent of brandy (good) was allowed. If we watch the patient after he has taken three drachms of absolute alcohol, an amount equivalent to six drachms of brandy, we notice almost immediately the pulse becoming fuller and stronger, and the limbs, which may have been previously cold, become warmer. The patients themselves have told me that they felt revived almost immediately after swallowing it. But given in larger doses (even two drachms) in debilitated and cachectic subjects, it produces a pulsating sensation in the limbs, felt by the patient himself.

On Milk Fever, So-called.

The *Irish Hospital Gazette* says that in one of a series of elaborate articles on the phenomena accompanying the secretion of the milk, lately published by Dr. G. Chantreuil (*Archiv. de Tocologie*, August, 1874), the author investigates the amount of the rise of temperature which ordinarily accompanies the establishment of this secretion. In taking the temperature, the thermometer was placed in the axilla, and left there for a quarter of an hour.

In cases where the patients were under the influence of violent emotions, a considerable rise in the pulse was often observed without a corresponding rise of temperature, or in other words, there was no fixed proportion between the quickness of the pulse and the temperature. The first question that the author investigates, is with the object of obtaining the true normal temperature. He therefore takes the mean of the normal temperature as given by Bärensprung (100°.04), Frölich and Lichtenfels (98°.42), and Wunderlich (98°.6), and concludes that 100°.22 is the superior limit of normal temperature. The daily variations of temperature found in puerperal woman are not greater than those observed in healthy adults, but their actual temperature is somewhat higher, ranging from 98°.96 to 100°.76. He then proceeds to divide the puerperal state into three periods, the first being from the first to the third day, the second from the third to the fifth day, and the third from that on. Next he takes the highest temperature in each of these periods, and compares

them, disregarding, however, the rise of temperature which follows immediately on delivery. He hopes thus to determine if there is really any rise of temperature during the second period, corresponding to the time at which the lacteal secretion is usually established, which cannot fairly be set down to some pathological change. The number of cases given is fifty, and these are subdivided according as the rise in temperature has been greater or less than 1°.8 F. (1° Cent.) In thirty-one cases the elevation was less than 1°.8; in eleven cases it exceeded 1°.8; in three there was no elevation; in five there was a diminution. The first series are now subdivided into two classes. The first class includes those cases in which the amount of elevation was from 0°.0 to 0°.9. The second class, those in which the variation was from 0°.9 to 1°.8.

Having made these divisions the author draws the following conclusions:—Immediately after confinement the temperature rises to a maximum, and then, during the remainder of the first period gradually diminishes, to rise again in the second period. In the third period the temperature again gradually lessens, unless some pathological change is going on.

The first subdivision, in which the elevation of temperature during the second period is from 0°.0 to 0°.9, represents those cases which have been absolutely normal. In the second, in which the elevation is from 0°.9 to 1°.8, this rise can usually be explained by the presence of slightly cracked nipples, over-distention of the breast; or some minor affection of the uterus. The third division, in which the elevation of temperature is more than 1°.8, includes cases of serious abdominal complications, severe fissures and over-distention, or abscess of the breasts.

The author next endeavors to account for the rise of temperature of 0°.9 in those cases comprised in the first or normal series, and concludes that this rise of temperature is probably due to the trauma of the uterus, and not to any febrile action necessarily accompanying the secretion of the milk. In conclusion he quotes the statistics of one hundred and thirty-four cases published by Prof. Habertsma, of Utrecht, who says, "If the temperature of the puerperal woman rises above 100°.4, the second stage will usually be found to have exceeded an hour; or, stated more generally, the subsequent elevation of temperature is proportional to the time which elapsed between the escape of the waters and the birth of the child. There is no reason to refer the subfebrile elevation of temperature which occurs on the third or fourth day after confinement to the secretion of the milk; for it is probable that the changes going on in the genital organs are its chief cause. The high temperatures which alone could be thought to prove the existence of so-called milk fever are usually caused by traumatic fever or septic infection." The doubt here advanced about the existence of any such disease as milk fever, we may add, has already found expression in this country by several writers.

Reviews and Book Notices.

BOOK NOTICES.

Experimental Researches on the Physiological and Therapeutic Action of the Phosphate of Lime. By L. Dusart. Second Edition. Paris, 1874. pp. 168.

The preparations containing lacto-phosphate of lime owe their popularity largely to the labors of Dr. Dusart, who has succeeded in combining this salt with a syrup and a wine, both palatable and both of uniform strength. Strictly speaking, the lacto-phosphate is a form of food, and hence has its chief application in diseases dependent on some forms of inanition. Dyspepsia, marasmus, the early stages of phthisis, scrofulous defaillance, excessive lactation, chronic suppurative complaints, and such, are the maladies which have displayed the most strikingly favorable results from its use. Many examples of these are given in the work before us, as well as experimental researches as to the physiological action of the combination. The work can be supplied by E. Fougera & Co., 30 North William Street, New York City.

Infant Diet. By A. Jacobi, M. D. Revised, enlarged, and adapted to popular use by Mary Putnam Jacobi, M. D. New York, G. P. Putnam's Sons, 1874. Cloth. 8vo, pp. 119. Price $1.00.

This is one of Putnam's Handy-Book Series, and the importance of the subject, as well as the names of author and editor, ought to insure it a wide circulation. Dr. Putnam's advice is as much prohibitive as injunctive, telling the mother what she should *not* do, as well as what she may do:—

"Was sie thun und lassen muss."

The wisdom of this course will be readily appreciated by every physician, as no small minority of infantile ailments arises from unwise assistance to nature. The necessity of more complete general instruction on both the practice and the theories of physical education is daily becoming more extensively recognized by the profession, and works such as this are models in their kind.

The Physician's Visiting List for 1875. Twenty-fourth Year of its Publication. Philadelphia, Lindsay & Blakiston, 1875.

This popular visiting list contains the usual tabular matter and forms for entering visits, etc. The paper and binding are carefully selected, and give general satisfaction.

Clinical Lectures on Diseases of the Nervous System. By WILLIAM A. HAMMOND, M.D., etc. Reported, edited, and the histories of the cases prepared, with notes, by T. M. B. CROSS, M. D., etc. New York, D. Appleton & Co., 1874. Cloth, 8vo, pp. 287. Price $3.50.

The substance of this volume is made up of lectures delivered by Dr. Hammond, at the New York State Hospital for Diseases of the Nervous System, and at the Bellevue Hospital Medical College. They are twenty in number, and include a series of the more obscure lesions of the nervous organization. Of the diseases treated we may mention alternate hemiplegia, reflex and lead paralysis, facial and laryngeal paralysis, organic infantile and cross paralysis, spinal and cerebral congestion, spinal sclerosis, chronic basilar meningitis, epilepsy, facial and intercostal neuralgia, sciatica, etc.

The cases are described with great minuteness, and illustrated from the whole range of medical literature. The rules for treatment are given clearly, but no pretence is made to offer the means of a favorable prognosis in some of these profound impairments.

Our mode of life in this country tends to augment the number of cases of nervous disease, and this and similar works should, therefore, receive careful reading by the intelligent physician.

Transactions of the Medical Association of the State of Alabama. Twenty-seventh Session, 1874. Montgomery, 1874. pp. 427.

This handsome volume indicates a laudatory scientific activity among our brethren in Alabama. Besides the usual proceedings, we find excellent articles on yellow fever, by Drs. R. F. MICHEL and JEROME COCHRAN. Dr. WM. H ANDERSON contributes a paper on dengue. The cholera in Alabama is treated by Drs. M. H. JORDAN and J. J. DEMENT; a study of the white blood corpuscle in health and disease is from the pen of Dr. JEROME COCHRAN; a report on hemorrhagic malarial fever is by Dr. E. D. MCDANIEL; diseases of the cervix uteri are discussed by Drs. J. L. WEATHERLY and G. OWEN; thermal waters by Dr. A. L. GARNETT; the value of *pycnanthemum linifolium* in atonic dyspepsia by Dr. E. M. VASSER; and other articles by Drs. J. S. BANKSON, B. H. RIGGS, F. M. PETERSON, S. D. SEELYE, etc.

It is extremely encouraging to find State societies so united and active in the pursuit of professional interests, and we trust that the time will come when every State in the Union will issue a volume just as good as this, and as much better as it can.

Erysipelas and Child-Bed Fever. By Thomas C. Minor, M. D. Cincinnati, Robert Clark & Co., 1874. Cloth, 8vo, pp. 131 Price $2.00.

A connection of similar or identical cause between puerperal fever and erysipelas has long been suggested, and in the volume before us Dr. Minor attempts, by a comparison of statistics, to show "that erysipelas and puerperal fever are entirely dependent on the same poison."

His pages bear witness to an extended study of authorities, and a desire to examine the question fairly, but we cannot say that he proves his position to our satisfaction. On the contrary, there are numerous arguments, and in our opinion, better ones, for holding the negative of his proposition. It will hurt no one, however, to hear both sides. As to the style in which the book is written, the reader has a right to ask more completeness and polish. In these days an author should not ask that his matter excuse his manner. Thoroughly careful composition is essential to scientific precision. In this respect the work before us is at fault.

Essentials of the Principles and Practice of Medicine. A Hand-book for Students and Practitioners. By Henry Hartshorne, A. M., M. D., etc. Fourth edition. Thoroughly revised; with one hundred illustrations. Philadelphia, H. C. Lea, 1874, pp. 548.

The present edition of this esteemed manual has undergone a careful examination by the author, and includes the recent contributions to practical medicine. The popularity of the work has been justly merited, and the author intends that this shall continue to be the case. The text appears for the first time with illustrations. They are chiefly of pathological conditions, and are fairly printed. This addition is not one to which we attach special importance, however.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 24, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ **NOTICE. 1875.**

EXTRA INDUCEMENTS.

Any of our subscribers obtaining one new subscriber and remitting for both before Jan. 1st, 1875, will receive either a copy of the DAILY POCKET RECORD, with his name stamped in gilt on the clasp, free, or the HALF-YEARLY COMPENDIUM for 1875, as he chooses.

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115 South Seventh Street,

PHILADELPHIA, PA.

VEGETABLE AND ANIMAL FOOD.

Time was when those who advocated the superiority of an exclusively vegetable diet ran some chance of being heard, although they did interfere with our dinners. But what can be said now in defence of vegetarianism, when we have it shown that plants themselves, some of them, are carnivorous creatures?

The address of Dr. HOOKER, at Belfast, will make this fact, already known to botanists, generally recognized. His studies were on the curious genera of pitcher plants, *Sarraceniæ* and *Nepenthes*. He illustrates, by a series of observations, that minute insects are obviously the kind of game these high-hung pitchers are intended for; that the watery fluid is secreted by innumerable and very minute glands; that this secretion is considerably augmented when insects or other animal matters are dropped in, which is not the case when inorganic matter is used, the increased flow occurring only after the reception of something savory and digestible. Moreover, this liquid, which is always acid, like gastric juice, appears to have its solvent powers, as well as its quantity, increased upon ingestion of food. For, while the liquid removed from a freshly-opened pitcher hardly acts at all upon bits of meat, white of egg, or cartilage, little cubes of these, dropped into the pitcher, had their edges eaten away and their surfaces gelatinized after twenty-four hours' immersion, and pieces of fibrine weighing several grains dissolve and totally disappear in two or three days. From which "it would appear probable that a substance acting as pepsine is given off from the inner wall of the pitcher, but chiefly after placing animal matter in the acid fluid."

Hence the old distinction that the animal lives on organic food, the vegetable on inorganic, falls into discredit; so, too, the idea that animals only have a stomach; and likewise the faith of the vegetarian.

Yet it is likely that in the better classes of society more meat is eaten than the system calls for. It has been justly said by a recent writer

that too exclusive a flesh diet is the vice of many rich people, who even allow their children at school to indulge in game-pies and other articles of the highest class, such as unfit boys for plain fare, and deprive them of the help which a higher diet might afford them hereafter in cases of illness. Too much animal food is unduly stimulant, renders children restless and quarrelsome, young men sensual and Philistine, and elderly men gouty and dyspeptic.

At the late meeting of the British Association, at Belfast, the subject was reopened for discussion in a lucid paper by Mr. Cooper, who contended, from a large induction of instances, that farinaceous food had a distinct flesh-forming power, while at the stage of infancy and early childhood its place in nutrition is of special importance. Chemists have been too apt to insist upon the constituents of food as determined in the laboratory, forgetful of the form under which it is presented and the physiological conditions under which it is received. Mr. Cooper has only to follow up his inquiries by showing the extent to which Bright's disease and the uric acid diathesis generally is caused by the excessively nitrogenous diet popularized by Liebig, and he will have amply avenged the farinaceous substances for the disfavor to which the teaching of the great chemist has condemned them.

Most physicians are now of opinion that, other things being equal, the more the brain is worked, the greater need is there for animal food. Town people must have more meat, as a rule, than country folks; the children of professional men more than the children of agricultural laborers. Still, rich townspeople, on the whole, should use less flesh, and poor ones more.

The chief difference between the two is that animal food is more stimulant than vegetable; a basin of beef-tea is more immediately felt than a cup of gruel; and a tender steak would set a fatigued man on his legs more quickly, and be less troublesome for the stomach, than a meal of parched peas, or potatoes, or bread. The vegetable world can offer nothing to take the place of raw meat, or of the juice or essence of flesh. Exclusive use of either, under the ordinary surroundings of the temperate zone, is unwise.

Notes and Comments.

Staufer's Non-Evaporating Inkstand.

Staufer, whose ingenious pessaries, supporters, and other surgical contrivances made of hard rubber, have elicited our commendation at various times, has devised about the neatest inkstand we have ever seen. Its appearance is represented in the cut below. It permits no dropping from the pen, no splashing of the fluid, no inking of the fingers, and preserves the ink free from mould and evaporation.

It is constructed of the best materials, throughout, and on sound mechanical principles. It would be hard to suggest a more acceptable addition to the office table of the physician, and as the present-giving time of the year is at hand, we hope the hint will not be lost.

Expectorant Properties of Apomorphia.

It is pointed out by Dr. Jurasz, in the *Centralblatt*, for July 4th, that this drug has been proved to be a useful expectorant in all the cases in which it has been used, comprising cases of tracheitis and bronchitis, and also inflammation of the larger and smaller bronchial tubes. The tenacious sputa were in all cases readily dislodged, and their discharge was greatly facilitated. The rhonchi, at first dry, blowing and whistling, became moist, and always diminished. The remedy was administered according to the following formula: Hydrochlorate of apomorphia, 1 to 3 centigrammes (0.4 to 1.2 grains); distilled water, 120 grammes (4 ounces); hydrochloric acid, 5 drops; simple syrup, 30 grammes (about 1 ounce); a tablespoonful to be taken every two hours. The amount of apomorphia in each dose was thus from 1 to 3 milligrammes (0.04 to 0.12 grain). The patients stated that the first spoonful caused

slight uneasiness, which, however, did not follow the administration of the second dose The hydrochloric acid was added to remove the tendency of the apomorphia to assume a green color when in solution.

Vivisection.

Vivisection has met with a protest from Mr. Bergh, of New York, the occasion being alleged torture of animals at Bellevue Hospital. The *Ledger*, of this city, justly remarks: "Mr. Bergh's society cannot interfere with 'properly conducted scientific experiments,' performed under the authority of a regular medical college, and it is well that it cannot do so. The pain inflicted upon animals by the process of vivisection may save much greater sufferings on the part of human beings. Vivisection may be employed unnecessarily, or it may be practiced with unnecessary cruelty, but educated men are the only ones who are likely to practice vivisection. and they may be safely trusted to exercise a wise discretion both as to the necessity and the manner of examining living animals, particularly as extraordinary suffering on the part of the subject is apt to produce conditions not favorable to the study of the natural play of vital organs."

Antidote to Carbolic Acid.

A writer in the Dublin *Medical Journal* states that a true antidote to carbolic acid remains yet to be discovered, and some recent experiments of M. Galippe go to discredit the value of saccharate of lime, which has been specially recommended by Kunde, and, from experiments on dogs, he is inclined to place more reliance on olive oil.

Puerperal Mortality.

Among the Chinese, puerperal mortality is held, according to Dr. Jamieson, to rise as high as from one in twelve to one in twenty, an alarming and scarcely credible statement; yet Dr. Thin, lately of Shanghæ, believes it to be true. Some statistics of the city of New York, recently published by Fordyce Barker, yield a puerperal mortality of one in thirty-five, a terrible result; and on the surely extravagant admission that a quarter or even half of the births were not registered, we have here a very high figure. Faye states the puerperal mortality of Prussia as one in eighty four; and that of Finland, according to Pippingskjold, as one in one hundred; and that of Norway, as one in one hundred and thirty-one. Dr. Duncan found that in Edinburgh and Glasgow, in 1855, the mortality of married women within six weeks after delivery was one in one hundred and seven, at least. From a large collection of data. he estimated the mortality within four weeks after delivery as about one in one hundred and twenty.

Congenital Absence of the Corpus Callosum.

Dr. Malinverni, Professor of Pathological Anatomy at Turin, gives the detailed description of the brain of a man, forty years of age, who died of a gastro-enteritic affection. During life he had never exhibited any deficiency or perversion of intellect, and yet after death the corpus callosum and septum lucidum were found to be entirely absent.

Eczema of the Breast.

Professor Hardy states that it may be laid down almost as an absolute rule that this occurs only under three conditions, during pregnancy, during suckling, or in women suffering from itch. So true is this, that if it be found in a woman who is neither pregnant nor suckling, the existence of itch will always be found on searching for it. The eczema must be first cured, as the sulphuro-alkaline ointment employed for the itch would irritate the eczema, and retard its cure. Sometimes the eczema persists a long time after the cure of the itch and the disappearance of all the acari, and it may be the point of departure of outbreak spreading towards other parts of the body.

Local Applications in Diphtheria.

Sir John Cormack stated, at the late meeting of the British Medical Associatiou, that, in his opinion, the use of local applications to the throat of a diphtheritic patient is fraught with infinite danger to the applier. Many medical practitioners and medical students have received the diphtheritic poison in the spit of their patients, involuntarily ejected on the application being made. Promising young physicians, and some older men, celebrities in medicine, have died of diphtheria so contracted. If we do apply anything to the throat, we can only do it with safety to ourselves if we wear a mask. But all potent applications to the throat have ceased to be in favor with those who have seen most of diphtheria. They say that iodine, nitrate of

silver, and the like, generally produce increased exudation; while in other cases, where the exudative tendency is moderate, they seem to do little or no harm. The only local application now used by Dr. McCormack is the glycerole of borax of the *British Pharmacopœia.* It promotes the separation of the pellicle, and does not irritate the mucous membrane. The appearance of albumen in the urine is not of itself of evil prognosis. In many cases in which the urine has been intensely albuminous, we have complete recovery. Diphtheria is essentially characterized by intermittence in the gravity of the symptoms; a lull, often mistaken for the dawn of convalescence, is not at all unusual. After such a lull, as a prelude to an exacerbation of symptoms, we can usually, by the thermometer, detect a rise in temperature, and a concurrent appearance or reappearance of albumen in the urine. Touching the differential diagnosis of simple membranous sore-throat from the specific disease diphtheria, the author thought that it could neither be determined by the presence nor by the absence of fever, nor by any other than one test, a test simple and sure. Apply a small blister to the arm or elsewhere; if the case be diphtheria, the said surface will become covered with a diphtheritic pellicle; if it be not diphtheria, no false membrane will appear.

Correspondence.

Hay Asthma.

Ed. Med. and Surg. Reporter:—

I was led to write the following remarks from seeing a request of Dr. Geo. W. Beard, of New York, in a late Reporter, to obtain facts on "Hay Fever."

In December and January of the winter of 1859 and 1860, five out of six of my father's family of seven, and my father's brother and his wife, living in an adjoining house, were attacked with what our family physician termed gastric fever. I was taken sick on the 11th of January and confined to bed until about the first of April. Some time during the last month of my sickness I was attacked by a profuse nasal catarrh, lasting six years. Relief seemed to come from my change of residence to Lima, Liv. Co. I noticed an improvement the first week of my residence there, and nearly a perfect cure before the end of a term of school of thirteen weeks, without medication.

About the middle of June, 1860, following my sickness the previous winter, I experienced what was a very remarkable and singular malady to me. Whenever I went into or near a field of timothy, that was in bloom, I was attacked with incessant sneezing and itching of the eyes; my eyes would itch so that it was impossible for me to keep from rubbing them, although this made the matter worse. If I passed along the road on the lee side of a piece of timothy in bloom, it would as surely set me to sneezing as tobacco snuff. Working in the dry timothy, that was cut while in bloom, would invariably bring on an attack of asthma, which would subside in five minutes after I would cease to inhale the dust. All these symptoms would leave as soon as the bloom left the timothy, and would not be reproduced unless I inhaled the dust from timothy hay, any time during the year, that was cut while in bloom, which would bring on the whole train of symptoms, but would only last a few minutes. This difficulty has troubled me, without any variation, for about six weeks each year, commencing about the middle of June, for the last fifteen summers.

In 1872 and 1873 it commenced on the 13th of June; this summer, on the 10th of June. I am now convinced that timothy bloom is not the only exciting cause, for since I have been making closer observations on the subject, I find it commences as soon or before this kind of grass heads out, two or three weeks before it blossoms, but I am not troubled so much until it is in bloom. Some time from the 10th to the 15th of June, each year (the time I think depending upon the advancement of vegetation), my eyes will begin to itch and water, my face will itch a radius of an inch or more from the eye, and I will have attacks of sneezing. These symptoms will increase for a couple of weeks, are stationary for about the same time, and in about two weeks more will wholly subside. It is worse during a dry, or dry and windy day. There is a thin, mucous discharge from the nostrils during most of this time I am wholly free from it during a rainy day and during the night, or if I stay in the house and close the doors and windows.

I have not experimented much with treatment, knowing it would certainly subside in its own time, and that it was impossible to remove the exciting cause. I have tried iodide of potash, and also quinine, without any good effects.

Avoca, N. Y. W. W. Smith, M. D.

Success of Tracheotomy for Diphtheria in the Adult.

Ed. Med. and Surg. Reporter:—

In my essay on Croup, in its Relations to Tracheotomy, recently issued in the Transactions of the Medical Society of the State of Pennsylvania, and republished by Lindsay and Blakiston, I have a table of twelve cases of tracheotomy in the adult, all that I had any knowledge of at the time, and all of which were fatal.

I wish to call attention to a successful case, an allusion to which I have just read in an obituary notice of the late Dr. John Burford Carlill, of London, published in *The Lancet* for August 1st, 1874. Dr. Quain operated on Dr. Carlill when apparently at the point of death, in 1860,

from diphtheria contracted in examining the throat of a child, who expectorated into his face. "The operation was followed by immediate relief, and Dr. Carlill was the first instance on record of the success of tracheotomy in an adult, after the formation of false membrane in diphtheria."

I am not aware of any other case on record, and if any of your readers are aware of any successes of the kind, I trust they will send a memorandum to the REPORTER. In the obituary notice referred to it was stated that the case of Dr. Carlill has been described by Sir William Jenner, in his work on "Diphtheria, its Symptoms and Treatment," 1861, p. 75.

J. SOLIS COHEN, M. D.

Philadelphia, October 12th, 1874.

Treatment of Bronchitis.

ED. MED. AND SURG. REPORTER:—

I had just prepared an article on the use of iodide potass. and muriat. tr. iron in chronic and subacute bronchitis, when I received the last number of the REPORTER, containing an extract on about the same subject, from the pen of Dr. W. H. Spurgin. I will only add now that my experience coincides so nearly with his, that I deem its publication unnecessary. Here is about my

R. Iodide potass.,	℥ij	
Tr. ferri. c.,	℥j	
Syr. orange peel,	℥ij	
Aquæ,	℥iv.	M.

Sig. Tablespoonful three times daily.

I have used the remedy for the last four years, with the most pleasing results.

Another disease wherein the iodide acts equally as well, is catarrh of the bladder, and particularly of the neck, characterized by scalding sensations and tenesmus during micturition. In these cases I give the following, and so faithful a remedy has it been to me, that I always tell patients of this class it will cure them:—

R. Iodide potass,	℥ss	
Holland gin,	℥iv	
Tr. cubebs,	℥ij.	M.

Sig. Teaspoonful three times daily, for three or four days, then intermit three or four days, then resume again the same length of time, and so on, until cured.

For my own credit's sake, I will state that I have lately failed to cure several cases of infantile diarrhœa with the podophyllin and bismuth referred to in another article. It still answers a good purpose, however, being among the best on my list, in those cases.

Bolivar, Mo. WM. TANNER, M. D.

Unguentum Picis Liquidæ.

ED. MED. AND SURG. REPORTER:—

I have been induced to write this note for the purpose of bringing to the notice of the profession the much neglected "Old Tar Ointment." For the last four years I have used invariably this preparation, to the exclusion of all others, in that annoying disease, Tinea Circinata, or Ringworm. In this time I have treated fifty cases with success, using no other remedy. Although some of my patients may have at times emitted an odor not the most agreeable, they have never wished to exchange it for any other remedy, for the improvement was so apparent to them. It should be applied night and morning, to every part affected, and in bad cases it will often be necessary to wear some non-irritating material with the ointment spread upon its internal surface. If this treatment is persevered in it will never disappoint you. W. O. JUNKINS, M. D.

Greenland, N. H., October, 1874.

NEWS AND MISCELLANY.

Yellow Fever.

There is some yellow fever in Charleston, S. C., and the Board of Health of that city have made a report on the subject. They say that during the last six or seven weeks several cases of the fever have occurred, two of which have terminated fatally. The cases have all originated within a limited area in the extreme eastern portion of the city, and every precaution has been taken to prevent the disease from becoming epidemic. Of this, however, there is no fear, owing to the lateness of the season and to the measures adopted. No death from the fever has been reported since the 6th inst.

Personal.

—Dr. J. M. Botts, of Woodford county, Ky., was called to visit a patient at a distance, October 10th, and has not since been heard of. Foul play is suspected.

—Dr. William M. Whitehead, of Elizabeth, New Jersey, died recently. He was an esteemed citizen.

—Dr. Matthias Kenney, who served in the British artillery during the Peninsula war and at Waterloo, died recently in Dublin.

—Dr. Hamberg, of Stockholm, has lately been engaged in making a series of experiments on the poisons exhaled by certain wall-papers. As with ourselves, arsenic is the poison most to be dreaded.

—Mr. Erichsen, of London, the eminent surgeon, has been on a visit to this country, and lately passed several days in Philadelphia.

The Latest Argument for the Right of Primogeniture.

Our English friends must find their ancient institutions tottering. Else how can they have recourse to such an argument as appears in a late number of the *Medical Press and Circular?* A writer asks, "Is there any danger of criminal practices, abortion, as in America, and sys-

tematic non-conception, as in France, taking root among ourselves?"

The second question, I think, may be answered in the negative, as long as our present laws of inheritance remain in force: assimilate them to those of the United States, France, and other countries where democratic ideas prevail, and the results will be minimized families and ever-increasing vice of the most debasing kind.

Here is a subject "truly loyal!"

The American Public Health Association.

This Association will meet at the Hall of the College of Physicians, of Philadelphia, on the 10th, 11th and 12th of November.

Female Physicians.

The corner-stone of a new building for the Woman's Medical College of this city was laid October 1.

The Hartford Medical Society has recognized the position of women in the field of medicine, by electing to membership, at its last meeting, Mrs. Dr. Ellen E. Hammond.

During the last week in August a congress of Danish physicians, more than two hundred in number, met at Aarhuus, when, among other points under discussion, the claims of women to enter the profession were brought forward. The general feeling at the meeting seemed to be that there was nothing to prevent women from treating the diseases of their sex with ability and success, while in the matter of obstetric practice it was in the highest degree desirable to transfer it completely from the hands of common midwives to those of women duly certificated by the University.

Items.

—The Medical Department of the Central University of Kentucky was opened Oct. 6th.

—Medical students in Baltimore complain of the difficulty of obtaining "subjects." The price current for a "subject," in Baltimore, is $16.

—An inquest was recently held in Manchester, England, on the body of a shoemaker named Donovan, who was an inmate of the Prestwich Lunatic Asylum, and worked at his trade there. He had a great taste for eating iron, and died suddenly on September 18th. The post-mortem examination showed that the stomach contained one pound ten ounces of nails, some an inch and a half long, several pieces of iron half an inch square, and an awl without a handle. His death resulted from peritonitis.

QUERIES AND REPLIES.

Climate of California.

Mr. Editor:—Having a patient suffering from incipient tuberculosis, who wishes to make California his future home, he inquired of me what portion I would consider best adapted to his condition. Being myself unacquainted with the climate of California, you would greatly oblige by answering his question, through the columns of the Reporter.

Yours, etc., H. L. H.

The most appropriate section of California for phthisical patients during the winter months, is in the vicinity of Santa Barbara. For full information about it, consult the last two annual Reports of the California State Board of Health. Editor.

MARRIAGES.

Birch—Denslow.—On Wednesday, October 7th, by Rev. John Brown, D.D., at St. George's Church, Newburg, N. Y., James G. Birch, M. D., of Newburg, and Jane E. Denslow, of New York City.

Bodine—Davis.—On Wednesday, October 7th, by Rev. Wm. B. Bodine, Dr. Joseph L. Bodine and Francis P., daughter of Dr. James M. Davis.

Mackey—Middleton.—October 1st, at the residence of Mr. W. S. Mills, at Courtland, Miss., by the Rev. B. F. Cochran, Dr. W. G. Mackey, of Hernando, Miss., and Mrs. Fannie Middleton, of Courtland, Miss.

McBurney—Weston.—At the Church of the Transfiguration, N. Y., on Thursday, October 8th, by Rev. C. A. L. Richards, Margaret Willoughby, daughter of the late Frederick Weston, Esq., and Charles McBurney, M. D.

Reynolds—Jackson.—On Wednesday, October 7th, at the residence of the bride's father, by Rev. Dr. Rylance, Dr. J. B. Reynolds and Emily A., youngest daughter of Col. M. M. Van Buren.

Ryerson—Blake.—On Thursday, October 8th, at the residence of the bride's mother, by Rev. J. H. Wilson, John H. Ryerson, and Rebecca, youngest daughter of the late James Blake, all of this city.

Sampson—Horton.—On Wednesday, October 7th, in the Presbyterian Church, at Morrisania, by Rev. W. S. Mikels, D. D., Z. Sidney Sampson, Esq., and Miss Evelyen A., daughter of Dr. Henry L. Horton.

Schley—Spaulding.—At Christ Church, Riverdale, on Tuesday, October 6th, by Right Rev. John W. Beckwith, D. D., assisted by Rev. George D. Wildes, D. D., James Montfort Schley, M. D., and Margaret Thompson, daughter of Henry F. Spaulding.

Withington—Schreiner.—By the Rev. D. Barclay, September 1st, at the residence of James Duff, Esq., F. J. Withington, M. D., and Miss Mary E. Schreiner, both of New Texas, Allegheny Co., Pa.

DEATHS.

Clancey.—At her father's home, Gallipolis, Ohio, September 22d, 1874, Viola H., daughter of Captain John and Sarah Hutsinpiller, and wife of Dr. D. W. Clancey, of this city.

Cross.—At Elizabeth, N. J., October 10th, 1874, Dr. Joseph Cross, in the 67th year of his age.

Gunkle.—At Glenloch, Pa., on October 3d, William H. Gunkle, M. D.

Kinnier.—On the 7th inst., James Kinnier, M. D., aged 75 years.

Langdon.—In Cincinnati, Ohio, Sunday afternoon, October 4th, 1874, Thomas Macdonald, infant son of Dr. H. A. and the late Emeline Langdon, aged 3 months and 12 days.

Lewis.—At Eaton Town, N. J., on Wednesday evening, September 30th, Catharine Lewis, relict of Dr. John P. Lewis, in the 88th year of her age.

Stone.—September 24th, 1874, at the residence of her father, Mr. John E. Branch, Shelby County, Tenn., Mrs. Ora Stone, wife of Dr. J. E. Stone, of Walnut Bend, Ark., aged 23 years and 28 days.

Sanger.—At Rockville Centre, Long Island, Oct. 2d, W. Jewett Sanger, eldest son of the late Dr. W. W. Sanger, aged 21 years, 14 days.

THE

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Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Clinical Professor of Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

Pleurisy with Effusion—Paracentesis.

Gentlemen:—I shall bring before you in this and in the succeeding lecture, two cases, in both of which there is a collection of fluid in the pleural cavity, but which differ in this respect, that while in one the pleura itself is the primary seat of disease, so that the case is one of simple *pleuritic effusion*; in the other the liquid *accumulation* has taken place in connection with obstructive lesion of the heart. They will illustrate also some of the difficulties, both in diagnosis and treatment, which present themselves in some cases of pleural effusion.

Case 1. M. D., 30 years of age, was admitted to the surgical wards of the Philadelphia Hospital, on August 18th, 1874, complaining of pain in the right side, the result, he stated, of a fall which had happened one month before; as, however, no fracture of the ribs or other injury could be detected, he was transferred to the outwards, but was readmitted to the medical wards on August 26th, 1874. At this time he had severe lancinating pain in the lower part of the right chest, the respiratory movements were shallow, painful and much increased in frequency, there was some dry cough, and a moderate amount of febrile movement, the surface temperature being 101.5°, and the pulse 112 per minute; the lower part of the right side of the thorax was perceptibly distended, and in the recumbent position there was dulness on percussion extending up to the fourth interspace anteriorly and laterally, and as high as the spine of the scapula posteriorly; over this area there was absence of vesicular murmur, vocal resonance and vocal fremitus. A blister was applied to the right side and the patient ordered quinia and iodide of potassium, together with plenty of good food, and absolute rest in bed. Three days afterward, the dulness and absence of vesicular murmur had extended over the whole of the right chest, the breathing was more laborious, the pulse more frequent, and there was a tendency to copious perspiration and sudden variations in the temperature. The latter symptoms have continued up to the present time (Sept. 16th), he has also steadily lost flesh and strength, and there has been no change in the condition of his chest. As you see him to-day, he is weak and emaciated, his present weight being about one hundred and forty pounds, forty-eight pounds less than in health, his pulse is feeble and beats 108 times a minute, while the respiratory movements are increased to 36 per minute. Proceeding to examine his chest, you will observe that there is marked bulging of the right side, with prominence of the intercostal spaces, and that the movements of respiration are confined almost entirely to the left side. There is full percussion resonance over the whole of the left side, whereas on the right there is absolute flatness, and diminished elasticity from the hepatic region to the apex of the lung. There is no fluctuation on percussion in the intercostal spaces. On auscultation distant bron-

chial breathing can be heard over the entire right chest; this, although audible posteriorly, is most distinct and nearest to the ear, in the axillary region and antero-laterally; bronchophony is present in the axillary region, and to some extent also on the anterior surface of the chest; vocal fremitus is wanting. Nothing abnormal can be heard on the left side. The heart is somewhat displaced, its apex beat being felt a short distance outside of the vertical line of the left nipple, and the hepatic dulness extends about two inches below the margin of the ribs. There is no infiltration of the soft parts covering the right half of the thorax, nor any evidence of approaching perforation of the chest wall.

In considering the rather unusual group of symptoms, it will be observed that while many of them are such as we usually meet with in cases of pleurisy with effusion, there are others which we are accustomed to associate with the presence of pneumonia; thus, although the mode of invasion and course of the attack, the character of the cough and expectoration, together with the distention of the chest and bulging of the intercostal spaces, the degree and extent of percussion dulness, and the displacement of the heart and liver, all point directly to the presence of pleural effusion, the fact that there is bronchophony and distant bronchial breathing at once suggests the co-existence of pulmonary solidification. It seems, however, to be more probable that the transmission of the respiratory and vocal sounds is due to the fact that a large portion of the exudation is solid, plastic lymph, coating the pleura, than that it depends upon the existence of a disease, of which no other physical signs or rational symptoms have been present. We know that distant transmitted bronchial breathing and bronchophony are occasionally found in cases where there are large pleuritic effusions entirely uncomplicated by solidification of the lung tissue, though usually under such circumstances, respiratory and vocal sounds are completely suppressed. But in such cases, the intensity of these physical signs is rarely, if ever, so great as we find it in the present case. Another feature of interest in the case before you, is, that the bronchial breathing and bronchophony, instead of being most intense posteriorly near the spine, as they generally are when heard at all, are most marked laterally and anteriorly, showing that in consequence of adhesions, the larger portion of the effusion has been confined in the posterior part of the chest behind the lung. I call your attention particularly to these points, because they have an important relation to the plan of treatment which I intend to pursue to-day. You will remember that this patient, in spite of careful management, has not improved since he has been in the hospital, and that for the past three weeks his pulse has been rapid, and he has had a tendency to sudden variations in temperature and colliquative sweating. These symptoms make me fear that the fluid in the pleural cavity is either about to undergo a change into pus or has already become purulent, and as this liquid is absorbed with difficulty, and indeed as scarcely any evidence of absorption has shown itself after three weeks of internal treatment, it will be proper to attempt its removal artificially, and I have therefore decided to perform paracentesis thoracis. Having determined upon this operation, it remains to select a proper position in which to introduce the trocar. Either surface of the chest may be chosen, according to the existing circumstances but the puncture should be low enough to drain off the fluid, though not so low as to wound the stomach and spleen on the left, or the liver on the right side. If respiratory or vocal sounds are audible over the affected side great care must be taken to find a point where their feebleness or entire absence shows that the lung is not in contact with the chest wall. Guided by these considerations, I have fixed upon the eighth interspace posteriorly, at a point outside of the angle of the scapula, but owing to the presence of distant bronchial breathing, even in this position, it will be better first to resort to an exploratory puncture with a very small trocar. I confess, indeed, to a feeling of considerable uncertainty as to the chance of reaching and evacuating the fluid. The skin having been frozen, to prevent pain, and the small aspirator needle introduced to a depth of at least one and a half inches, you see that, notwithstanding the suction of the vacuum, no fluid escapes into the barrel of the syringe, as would undoubtedly have been the case had the point of the canula reached fluid. The operation must therefore be regarded as a failure, except as an additional means of diagnosis. It is certain that the point of the needle did not wound the lung, as no cough occurred, and neither blood nor air entered the vacuum. It is clear, therefore, that the trocar must have been imbedded in a layer of organ-

ized lymph of unusual thickness, which coats the costal pleura. I am convinced that if we were to repeat the operation, introducing the trocar to a greater depth, we should succeed in reaching and evacuating the collection of fluid. I prefer, however, to postpone this until a further trial has been made of internal treatment, since we have ascertained that so large a proportion of the exudation consists of solid lymph.

Note, Oct. 1st.—The patient, on being removed to the ward, was ordered five grains of iodide of potassium in half an ounce of comp. inf. of gentian, three times daily; two ounces of infusion of scoparius every two or three hours, and four ounces of whiskey in divided doses during the day; a blister was also applied to the antero-lateral surface of the right chest, and he was directed to remain quietly in bed, and to have plenty of simple but nutritious food. No bad symptoms followed the exploratory puncture, and after treatment had been continued for a few days, his strength began to improve, the pulse and respiration became less frequent, and there was less tendency to sweating and fever, and more moderate variations in temperature. For the past week he has been strong enough to sit up for an hour or two each day; his temperature has ranged from 98° to 99°; there has been little or no sweating, and he thinks that he has begun to gain flesh. At present (October 1st, 1874), he has more color, and looks much brighter than he has done since coming into the hospital; the pulse, though weak, is reduced to 100 beats a minute, and the respiratory movements to 32; the cough, however, is more marked than formerly, and the expectoration more free, but the sputa still consists of frothy mucus unmixed with blood or pus. His tongue is clean, appetite good, and bowels regular. A large quantity of urine is passed under the influence of the scoparius. Examination of the chest shows that while the respiratory movements of the right side have increased, there has been no diminution in the degree of distention of the chest, or in the bulging of the intercostal spaces. Flatness and increased resistance on percussion still exist over the whole of the right chest, and upon auscultation equally widely distributed bronchial breathing can be heard. The bronchial breathing is most distinct at the upper part of the chest anteriorly and laterally, becomes feeble in the infra-mammary and infra-axillary regions, and is scarcely audible over the lower part of the lung posteriorly. Below the angle of the scapula and in a zone, two or three inches wide, extending from this point to the front of the chest, ægophony is heard; above and below this zone the voice is bronchophonic and somewhat tremulous. Vocal fremitus is abolished on the affected side. The heart and liver seem to have partly returned to their normal position.

No change whatever has been made in the treatment during the last two weeks. It may be regarded as most probable, that the exudation in this case is to a great extent composed of plastic lymph; and it is also probable that the fluid which coexists is contained in numerous sacs formed by false membranes. In regard to the character of this fluid my mind is not yet decided. I was led to fear that it was purulent, from the character of the general symptoms; and if the improvement in these which has since occurred should continue, and absorption of the fluid take place, it will be very interesting to observe what marked hectic fever may present itself without the actual existence of suppuration. The increase in the respiratory movements of the right side, together with the change in the intensity of the respiratory and vocal signs, show that the right lung is gradually expanding, though it is still compressed by thick layers of organized lymph. It is unnecessary to again call attention to the great diagnostic value, as well as the entire harmlessness, of the exploratory puncture that was made.

Note, Oct. 20th.—A few days after above note was made, there was a sudden change in the symptoms. He began to expectorate pus, and in the course of the day raised not less than a pint. This has continued, although during past few days the amount has been growing much less. With this there has been a steady improvement both in general symptoms and physical signs.

Resonance on percussion has returned on right side, from the apex down to the fourth rib; respiratory movements are much more free; breathing is much easier; the patient sits up, and walks about, and everything shows that a rapid diminution in the effusion has taken place. It is clear, therefore, that the pulmonary pleura has been perforated by ulceration, and that the effusion has been discharged through the bronchial tubes. Fortunately this has taken place without the production of pneumothorax.

This shows then, that, as was suspected, there has been a collection of pus in the right pleural sac, and in consequence of the great amount of lymph coating the costal pleura, the pulmonary pleura has yielded before the intercostal tissues. Thus, instead of having an external rupture and discharge of the effusion, as is most usual, a pulmonary fistula has formed, and the matter has thus been evacuated. This is comparatively rare, but is, I believe, not more unfavorable than where external rupture occurs, unless the patient is predisposed to phthisis. I will not, therefore, attempt to evacuate the rest of the fluid, but will follow the same plan of internal treatment.

Communications.

THE TREATMENT OF RENAL AFFECTIONS WITH ANASARCA.

BY JOSEPH MULREANY, M. D.,
Of New York City.

In my early connection with medicine, as an apprentice to a dispensary doctor, in the North of Ireland, I saw the anasarca which follows scarlatina successfully treated by a powder composed of from five to twelve grains of calomel and one drachm compound jalap powder (the dose for an adult) administered at bedtime in a teacupful of hot gruel.

When I had completed my four years' professional study, and had obtained my diploma from the Royal College of Surgeons, London, I paid a short visit to my native village. I had not been long among my neighbors till I was called in to give them the benefit of my learning and skill. I shall relate one out of my many misadventures.

Case 1. She was a pretty little creature; much more like a fair-haired German than an Irish girl. She had married her cousin, and was gone with child about six months. Her age was just seventeen years. On the day I was called to visit her she had had a succession of convulsive fits, and had completely lost her sight. The pupils were largely dilated and uninfluenced by light. Between the fits she was rational, and conversed intelligently.

I treated her according to the principles I was taught in the schools of that day. I had her head shaved, I blistered her scalp, I purged her, and I bled her from her right arm, and I bled her from her left arm, and I bled her again; and her husband, and her father, and her mother, and her sisters, and all the neighbors, thought that I was a paragon of skill. And I myself am now satisfied that I killed her, for the poor little thing died. She had slight anasarca.

Case 2. Five and twenty years after this sad affair I again found myself on a visit to my native place, and was again called upon to visit a patient, but in this instance it was a man, a middle-aged man, and he, too, was blind; ureal amaurosis; he was quite stupid, but had had no convulsions. He was slightly anasarcous all over. His pulse was slow, skin cool, bowels constipated, passing little urine. His breathing was not embarrassed. A few days before my visit he had stood in the cattle market for hours, in a cold drenching rain, and got intensely chilled. He was a teetotaler, and had not tasted liquor for seven years. A gentleman highly qualified, so far as degrees and testimonials are considered, was called to see him. This physician pronounced the poor man to be drunk, and accordingly left him to recover from his debauch as best he might.

I diagnosed congestion of the kidneys from the wetting, amaurosis from urea poisoning of the optic thalami, and opined that a few hours would usher in convulsions, if energetic measures were not instituted. He had at once six grains of calomel, combined with one drachm of jalap, not the compound powder, which, I beg to suggest, is not suitable in those cases. This I followed up with acetate of ammonia and tartar emetic, in large doses, every hour; a mustard plaster to the loins, followed by hot-water bottles and heated bricks to feet, abdomen, small of the back, and nuché. The man was quite well in a week. The urine was almost all albumen during the first few days of the attack; it, however, contained no red blood. I may here observe that urea amaurosis differs much from the blindness caused by either hepatic disease or diabetes. In the latter the return of sight is slower, and very often incomplete; in the former it is sudden and complete.

Case 3. The next case occurred about the same time as the last mentioned. The patient was a female of some forty-seven years, a widow, mother of several grown-up children. She was

very intemperate, and her present attack, the first of the kind, was brought on by an excessive debauch. I could see, as she lay on the bed, distorted by the most violent epileptiform convulsions I ever witnessed, that she was short, stout, fair, or white-skinned, her legs œdematous. There was no possibility of obtaining a history of her previous condition. She had been drinking to excess, and had been found writhing in convulsions on the floor. Between the succession of the fits there was no appreciable interval. The pupils were dilated, but whether she could see or not I was unable to discover. She was surrounded by female relatives and gossips. Besides, there were present two Catholic priests, who were much interested in her wretched condition, one of whom had called on me to visit the patient; and, by the way, this gentleman assured me, the following morning, that she must have had, throughout the night, over one hundred fits, and that her recovery was miraculous.

The treatment I ordered was fully carried out. Mustard poultices to loins, legs, and nape of the neck. Ten grains of calomel on the tongue, and the following mixture:—

℞.	Antim. potassio-tart.,	grs. viij	
	Pulv. jalapæ,	℥ij	
	Tinct. opii. camph.,	℥ij	
	Liquor ammon. acet.,	℥ij	
	Syrupi tolu,	℥ij	
	Aquæ pura,	℥xij	M.

Of this she was forced to swallow half a wineglassful every forty-five or sixty minutes. A perfect recovery took place in some twenty hours. I paid her but two visits, one on the evening of the attack, the other the following afternoon, when I found her sitting up in bed, conscious, but very seedy.

In all these appalling cases of nephritic convulsions I have observed that a hopeful view may be taken of the case, if the skin keeps cool and the pulse slow, differing in this respect from the convulsions of icterus, where a cold skin and slow pulse are always precursors of death.

The above cases occurred in the north of Ireland. I now report a few specimens of New York practice.

Case 4. February 18th, 1872. Mr. G., aged 66 years, a builder by profession, residing on High street, Brooklyn. Intermission of the heart with remote bruit, probably of the tricuspid valves; pulse about 90. Percussion sound all over the chest was dull and respiration indistinct; frequent cough and the difficulty in breathing reached a degree that precluded his lying in the horizontal position; he had not slept on his bed for more than three weeks. He was anasarcous all over lower extremities, very much so; there was some slight tenderness over the liver; no enlargement of spleen; urine free from albumen. His spirits were low and irritable.

I gave it as my opinion that he should be salivated as soon as possible. He consenting, I proceeded in the following way:—

℞.	Pil. hydrarg.,	gr.xxiv
	Pulv. scillæ,	gr.xxiv
	Quiniæ sulph.,	gr.xlviij. M.

Divide in pil. xxiv.

Sig.—One to be taken three times a day.

℞.	Ammon. carb.,	℥j
	Ammon. muriat.	℥j
	Potassii. iodidi,	℥j
	Tinct. digitalis,	℥iss
	Tinct. opii,	℥iss
	Syrupi tolu,	℥j
	Aquæ camph.,	℥viij. M.

Ft. mist. ℥viij.

Sig.—A tablespoonful every four or six hours
A blister, 6x4, between the blade bones.

Within a week the gums became very tender from the mercury, when it was omitted. The anasarca and its attendant symptoms rapidly retired as the salivation advanced, and in a month's time from the day I first prescribed for him he was busy at Fort Hamilton superintending some contract work he had of the City of Brooklyn corporation.

My next case is a very interesting one, as showing what can be done in an apparently broken constitution.

Case 5. February 27th, 1874. Mrs. Henry P., aged 53 years; residence in this city; the mother of many children; has ceased to menstruate for five years; has had ague twice and yellow fever once; has been very intemperate, and once the subject of syphilis; ascends a stair with great difficulty, from shortness of breath and palpitation. She has been ill and gradually getting worse for many months; very low-spirited and irritable; no appetite; bowels constipated. She has had a variety of treatment. Took gin and sweet spirits of nitre for the urine.

Such was her history. The physical signs were general anasarca, heart enlarged, mitral

bruit, pulse 100, intermitting, percussion sound dull only over the heart; some few moist rales over base of both lungs. Cough and some ordinary expectoration, similar to winter cough in the aged. Urine in very small quantity; albumen No. 2; frontal headache; nothing remarkable in respect of sight or pupils. There were a variety of the other usual symptoms.

I may here mention that for my own convenience I have instituted four degrees of quantity of albumen in the urine. Under heat No. 1, the urine consolidates into a flaky or semi-solid mass; very little serum or urine.

No. 2. From one-sixth to one-fourth serum. No. 3, there is three-fourths serum. No. 4, a trace of albumen.

Treatment. Every kind of alcoholic (grape or malt) liquor interdicted. Strict injunction to avoid every article of diet or drink, including tea and coffee, that might stimulate the kidneys.

℞.	Ferri ammon-citratis	ʒij
	Ammon. carbonatis	ʒiss
	Ammon. bromide	ʒvj
	Liquor ammon. acet. ad	ʒviij. M.

Ft. mist. Half a tablespoonful three times a day in a little sweetened bland warm drink.

℞.	Hydrarg. submuriat.	gr.xij
	Pulv. ipecac	gr.xij
	Ext. aloes aquos	gr.xij
	Ext. nucis-vomicæ	gr.iv
	Gum opii	gr.vj. M.

Divide in pil. xij. One every night. To take one drachm of jalap powder before commencing her mixture and pills.

March 11. Has kept the bed since I saw her at my office on the 27th ult. She has perspired moderately all along since taking her prescription of the above date. The gums are tender; the urine is not passed so frequently, is more abundant and contains less albumen. She has had several hot hip baths in a tub, mustard poultices every night to the loins, and large bottles filled with hot water to the small of the back and feet. Omit the mixture and pills.

℞.	Antim. potassio-tart.	gr. j
	Sp. ammon. aromat.	ʒj
	Liquor ammon. acet.	ʒj. M.

Ft. mist. Two teaspoonfuls three times a day, in water.

R.	Quiniæ sulph.	gr. xij
	Ext. nucis vomicæ	gr. ij. M.

Divide in pil. vj: one every night. A blister 3½x2½ over the heart. Diet and nursing the same.

March 18th. Very much improved; gums less tender; still sweats; passes more urine; albumen No. 3; bowels very constipated. The jalap powder repeated, and the following mixture and pills to be substituted for those in use:—

℞.	Liq. ammon. acetatis.	ʒij
	Sp. ammon. aromat	ʒj
	Ammon. bromidi	ʒiij. M.

Ft. mist. A dessertspoonful three times a day.

℞.	Quiniæ sulph.	gr. xij
	Hydrarg submuriat.	gr. iij
	Pulv. ipecac	gr. iij
	Ext. nucis vomicæ	gr. iij. M.

Divide in pil. vj; one every night; continue the nursing as before. To take ten drops of the muriated tincture of iron three times a day, before meals.

March 26th. Less albumen; feels very weak; pulse quick; has suffered much from constipation. To have senna tea and manna, with injections for the constipation. To substitute the following for her pills and mixture:—

℞.	Acid nitric diluti	ʒiss
	Acid muriatic diluti	ʒiss
	Quiniæ sulphat.	gr. xviij
	Tinct. cinchona comp,	ʒiss. M.

Ft. mist. A teaspoonful three times a day, in water; to continue the tincture of iron.

There was little variation in the treatment until I closed my attendance, in the middle of April, she being then free from the anasarca, cough and kidney disease. In fact, cured.

Case 6. May 26th, 1874. Michael R., aged twenty-seven years, a coal heaver, residing in West Twenty-ninth street; tall, muscular, well developed; generally temperate, but for three weeks before his attack had indulged rather freely. About the 17th inst., whilst in a bar room, was seized with a colicky pain in the abdomen and nausea. With assistance he reached his home, and since then has been sick and attended by a physician.

Present condition.—General anasarca; breathing very difficult; pulse slow (not counted by watch); pupils largely dilated; intense headache; stomach irritable; bowels constipated; passes urine frequently, but in small quantity; anxious to leave the bed. I may here mention that on a subsequent occasion I noticed an abnormal murmur with first sound of the heart,

though it quite escaped detection on first visit. The scrotum and lower extremities were quite large and tense, from the effused serum. Other usual symptoms present.

Treatment.—Jalap and calomel powder. The acetate of ammonia. Tartrate of antimony mixture somewhat modified to suit the case.

May 27th. Bowels acted well; vomited twice; perspired slightly; anasarca less; breathes with more ease; the powder and mixture to be renewed; the nursing same as in the other cases; urine tested to-day, gives albumen No. 1.

May 28th. Anasarca less; breathing better; omit the antimony for the mixture; no purgative to-day.

May 29th. Matters much the same as yesterday; urine gives albumen No. 1.

May 31st. Better; albumen still marks No. 1.

As the anasarca retired from the lower extremities he was seized with acute neuralgia of the right testicle, which disappeared under warm fomentation. Some influence prompted me to bleed the patient from the arm, and, notwithstanding that I felt that his case did not require it, yet I abstracted from twelve to fourteen ounces, with no other result than to demonstrate that the blood gave neither buffy coat nor cupped coagulum, and that the headache, which, in a less degree, was still present, was uninfluenced by the operation. I feel now, as I write out the history of the case, that at the time I opened the vein I was constrained to do so by the desire for experiment.

June 1st. Headache continues; neuralgia better; bowels constipated. Jalap, sixty grains, calomel, two grains, in a powder, to be taken directly, and the following mixture:—

℞. Ammon. bromidi, ℥ij
Sp. ammon. aromat., ℥iv
Liq. ammon. acet., ℥iij
Tinct. opii camph., ℥iv
Aquæ, ad ℥vj. M.
Ft. mist. ℥vj.
Sig. A tablespoonful every four or five hours.

June 7th. Albumen in to-day's urine No. 2. Omit mixture.

℞. Ext. aloes aquos., gr.iij
Hydrarg. submuriat., gr.iij
Pulv. ipecac., gr.iij
Ext. nucis vomicæ, gr.iv
Quiniæ sulph., gr.xij. M.
Divide in pil. vj.
Sig. One every night.

℞. Acid. nitric., dil., gr.ij
Acid. muriat., dil., ℥ij
Tinct. cinchon. comp., ℥viij. M.
Sig. A teaspoonful to be taken three times a day in water.

June 8th. For the first time I learned that blood had been noticed in the urine. The note is as follows: Urine on Friday and yesterday reported as containing blood in large quantity; to-day albumen No. 2; to continue the mixture and pills, and to take half a drachm of jalap and one grain of podophyllin as a bolus, in gruel.

June 9th. Less albumen; says that he passed blood in yesterday's urine; swelling in legs and feet less; was out of doors yesterday for first time, and to-day feels much better; continue the mixture and pills; repeat the purgative powder; all this time the nursing and diet were strictly observed.

In the interval between the 9th and 17th I find that I have entered no record of the case; but by the note of the 17th it is evident that he continued to take his mixture and pills, and that he was ordered to have the tincture of iron in addition, besides having had blisters to the loins. For instance:—

June 17th. Urine, albumen No. 4. Continue pills and mixture, also the tincture of iron; He kept the blisters over the loins on for twelve hours; I think with benefit; they were covered with tissue paper (to prevent absorption).

June 22d:—

℞. Hydrarg. submuriat. gr.v
Pulv. doveri grs.viij.
Ft. pulv. j, h.s.s.

No other memoranda. At this time, however, he was progressing favorably, the albumen varying in quantity from day to day.

June 24th:—

℞. Hydrarg. submuriat. gr.ij
Pulv. doveri gr.x.
Ft. pulv. j, h.s.s.

June 25th. Repeat. pulv.

June 26th:—

℞. Hydrarg. submuriat. gr. iij
Pulv. jalapa ℥ss.
Ft. pulv. j. Stat. sumend.

℞. Acid nitric diluti. ℥ij
Acid muriatic diluti. ℥ij
Quiniæ sulph. gr.xij
Syrupi. tolu ℥j. M.
A teaspoonful three times a day, in water.

The notes of this case are too meagre to base a practical deduction. The point I wish to illustrate is the tolerance of mercury exhibited. I have the details of the case sufficiently in recollection to be able to state that only towards the latter end of the treatment were there any tenderness of the gums or salivation; even then these were very slight indeed.

Were it not for the mixed features lent to the case by the colicky seizure, the neuralgia of the right testicle, and the reported bloody urine on two or three occasions, this would be a pure instance of congestion of kidneys and albuminaria. The critic might ask, was it not a case of gravel? The patient made a perfect recovery. Throughout the treatment, one object was steadily maintained, viz, to rest the urinary organs.

Case 7. If the above records point, among other matters, that mercury may be prescribed with advantage in dropsies exhibiting a large percentage of albumen, thus corroborating a suggestion of Dr. Watson, to resort to mercury in Bright's dropsy, when everything else has failed, case the seventh eminently cautions one from its careless administration. Mrs. O. R., æt 25; confined with her third child about two weeks before my visit. General anasarca, which had existed, but in a minor degree, for some time before the birth of her baby. Headache very intense; face quite puffy; orthopnœa; palpitation; intermission irregular; impulse feeble; high fever with hot skin; bowels confined; milk and lochia present in small quantity; condition of pupils not noticed.

℞.	Hydrarg. submuriat.	gr.vj
	Pulv. glycerrhiza	gr.iij. M

Ft. pulv. j. To be taken at bedtime, and the following mixture:—

℞.	Antim. p. tart.	gr.iss
	Liq. ammon. acet.	℥iij
	Sp. ammon. aromat.	℥iv
	Syr. tolu	℥j
	Tinct. opii. camph	℥vj
	Aquæ puræ	ad ℥viij. M

Ft. mist. ℥viij. A tablespoonful every hour. No alcoholic stimulants.

Next morning she was intensely salivated, necessitating the use of gargles. She recovered, and since then I have attended her (in Bedford, Brooklyn) for an attack of aguish dysentery. I believe she is at the present time in robust health.

HYSTERIA SIMULATING HYDROPHOBIA.

BY DR. M. L. HUMSTON,
Of Monroe, Indiana.

Believing the case given below is not devoid of general interest, I send you the record of it from my notes.

On the evening of the 27th December, 1872, I was summoned with Dr. Joseph McClain, of this place, in great haste, to see Mrs. C., who the carrier said was suffering with hydrophobia, and he added quite a graphic account of the patient's biting, barking, spitting, growling, etc.

The distance from my office was ten miles. On arriving, we met J. W. Deaver, M. D., who finding the case to be urgent had proceeded to examine the patient, and found her frothing at the mouth, snapping, biting at everything that came within her reach, shaking the bedclothes with her teeth, growling like a dog, and tearing up handkerchiefs, etc. He then administered the following at one dose, and repeated in an hour:—

℞.	Valerian fl. ext.	℥ij
	Bromid. potass.	℥ss

After which he proceeded to prepare the following:—

℞.	Chloral hydrat.	℥j	
	Potass. bromid.	℥ij	
	Syrup simplic.	℥viij	M

And ordered a tablespoonful every hour until the patient went to sleep, which she did in the course of a few hours.

About ten o'clock P. M. of the same evening Dr. McClain and myself arrived. Her parents informed us that some three or four months previous she had been chased and bitten by a dog supposed to be mad, and the mark was yet on her arm. She then being under the influence of chloral hyd., I examined the arm carefully, and while doing so she aroused and began to talk, and tried to show me the scar, but I could detect nothing. The temperament of Mrs. C. is nervo-sanguine, the nervous temperament predominating, both parents being quite nervous. The patient kept calling for water in her quieter moments. When it was brought she would immediately go into spasms.

As the physical symptoms of hydrophobia, as laid down in the authorities, were wanting, we had no trouble in diagnosing hysteria. We informed the family of this opinion, which

they did not accept, and to this day believe it was a curable case of hydrophobia.

The patient not having passed any urine for some time we gave her

℞. Buchu fl. ext.
Spirits ether nitrici āā ℥j. M.

and ordered a tablespoonful to be taken every two hours until it had the desired effect, which was soon accomplished. About 12 o'clock at night we gave a cathartic, and about 2 o'clock, A. M., on the 28th, Dr. Deaver left, with the promise to be back that day. Dr. McClain and myself stayed until 8 o'clock, A. M., same day, when we left her sleeping soundly under the influence of the chloral.

January 1st. Patient convalescent; entirely rational; drinks water; eats anything edible. She was then discharged, with the instruction to use the chloral and bromide on the least sign of the return of the symptoms, especially the bromide.

There has been at this writing no return of the hydrophobia. She now has a fine healthy boy, about eleven months old. Mother and child both doing well.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

REPORTED BY J. W. P. BATES, M.D.

Chronic Hydrocephalus—Causation and Nature, with the Relation of a Case.

BY DR. G. L. WILKINS.

Preceding the consideration of this subject, we will briefly refer to the intercommunication existing between the ventricles and the subarachnoid cavity. The arachnoid cavity, situated between the dura mater and the arachnoid membrane, and having no communication with the subarachnoid or the ventricles, is of the least importance of all the cavities of the brain in connection with hydrocephalus. The subarachnoid cavity, situated between the arachnoid and the pia mater, communicates with the general ventricular cavity by means of a small aperture in the layer of pia mater, in the inferior boundary of the fourth ventricle, extending between the cerebellum and medulla oblongata. The right and left lateral and the third and fourth ventricles form, by means of the free communication existing between them, one general ventricular cavity. The lateral ventricles communicate with each other through the foramen of Munro in front, and with the third ventricle below. The third ventricle has, besides the foramen of Munro, opening into it first, a deep pit, situated at the anterior part of the floor of the ventricle which leads downward to the infundibulum, and behind the aqueduct of Sylvius, or *iter e tertio ad quartum ventriculum*, which gives a free passage to the fourth ventricle. The complex ventricular cavity and the arachnoid and subarachnoid cavities are filled by a fluid which is secreted by the choroid plexus. It is, in its normal state, free from albumen, of very low density, and, according to Lassaigne, consists of 98.5 parts of water, the remaining 1.5 per cent. being solid matters, animal and saline. It is readily secreted, and readily absorbed. It is influenced by the state of the general circulation, increased during digestion, decreased during abstinence. It also varies according to the state of the brain; thus, when the brain shrinks, from atrophy or inactivity, the fluid increases; when it increases in size, from functional activity or other causes, the fluid decreases. The usual quantity is about two ounces, but sometimes the amount is almost inappreciable. In cases of atrophy of the brain, as much as twelve or fourteen ounces may be found, while in cases of dropsy the amount may exceed a gallon. In certain fractures of the skull, which involve the petrous portion of the temporal bone, the escape of the fluid is a notable event. The functions of this fluid seem to be many. It protects from the effects of concussion communicated from without, by interposing a watery cushion between the brain and cord and the bones; it allows variations in the size of the brain, notwithstanding the fact that it is enclosed in a bony cavity; it exerts upon the brain that gentle and uniform pressure which seems to be so essential to its highest state of functional activity. That it is one of its functions to exert a certain degree of pressure we have abundant illustration in certain pathological conditions. In encephalocele and spina bifida, the stretching and displacement of the overlying tissues evidence the pressure exerted by this fluid. The main source of the cerebro-spinal fluid, the increase of which constitutes the more common forms of hydrocephalus, is the naked blood vessels of the choroid plexus contained within the ventricular cavity.

In the child the ventricles exhibit a facility to stretch, and the convolutions to unfold, so that if there is any excess in secretion, the fluid remains where poured out and distends the ventricles rather than the subarachnoid cavity. The subarachnoid is, however, under certain circumstances, liable to an increase of the fluid. When the convolutions shrink, and the sulci gape from the impaired nutrition of advanced age, chronic alcoholism or other disease, the fluid in this cavity is increased. The serous apoplexy of old writers is of this character. In uræmia, serum is also found in the subarachnoid space. Whilst an excess of fluid is not always of much pathological importance, yet it is often associated with serious disease. In cases where the brain has become reduced in size, the excess of fluid is simply the result of a compensative secretion, an adaptation of the forces of nature to

varying conditions. The accumulated fluid does not usually, in such cases, exert any injurious pressure upon the brain, but this rule does not hold good when the effusion is from other causes. When in consequence of long continued, or of frequently recurring hyperæmias of the brain, the veins of the pia mater fall into a persistent relaxation and distention, the consequence of which is the effusion of serum, the œdema is of the pia mater. As the fluid is slowly effused into the subarachnoid cavity (hydrocephalus externus), distention of the cavity and compression of the brain results, which, but for the capacity of the brain to accommodate itself to the abnormal condition would be fatal. As the pressure increases, a uniform decrease of the thickness of the hemispheres also takes place in the direction from the surface of the ventricles to the surface of the cortex of the brain. The hemispheres lose one-third and even one-half of their normal volume, and as it was not easy for the older writers to believe in so extensive a diminution of the brain, they discovered an explanation of hydrocephalus from vacuum, *i. e.*, they took the atrophy as the primary disease, and the effusion of serum for the purpose of filling the vacancy.

The arachnoid cavity, having no communication with the ventricles, and possessed of a limited power of secretion, is rarely the seat of dropsical effusions. Sometimes a layer of extravasated blood leads to the formation of an organized membrane which may subsequently give rise to a circumscribed effusion of serous fluid. Again, when there is an unusual amount of fluid poured out into the subarachnoid, a considerable quantity may enter the arachnoid cavity by transudation. With these exceptions it is obvious that neither the subarachnoid nor the arachnoid cavity is the seat of intra-cranial dropsy; but that hydrocephalus has its main origin in the ventricles, which are the source of the cerebro-spinal fluid.

The causes of ventricular dropsy are two: increased pressure by the fluid within, diminished resistance by the walls without. There may be a morbid tendency to the production of fluid within the ventricles, which will stretch their walls, expand the cerebral substance, and forcibly dilate the skull; or, the fluid being produced in only its normal quantity, there may be a weakness of the walls of the skull, so that it does not afford sufficient support to the hemispheres, and thus allows them to yield to the usual and natural expansive power from within. In well defined cases the two forms of the disease may be readily distinguished from each other. They differ in origin and symptoms, and they are benefited by different, and sometimes by diametrically opposite treatment. In hydrocephalus from increased pressure of the fluid within, the principal causes are: obstruction of the lateral sinus, or other venous channels, and inflammation of the ventricles. When one of the lateral sinuses is closed (which is a rare occurrence, and usually caused by pressure of a morbid growth or deposit) or greatly narrowed, intra-cranial dropsy results, just as ascites is produced by a narrowing of the portal vein. It might be inferred that coagulation in the lateral sinus would produce the same result. Cases have been observed in which morbid formations by pressing upon the veins of Galen, and thereby retarding the return of blood from the choroid plexuses, have set up a ventricular dropsy. A case of the kind was published in *The Lancet* by Dr. Murray, in 1868. The cause of the effusion was a cyst of the cerebellum compressing the veins which convey the blood from the lateral ventricles. It has been conjectured that pressure upon the jugular vein by enlarged cervical glands or other morbid growths in the neck might produce intra-cranial dropsy, but the weight of authorities seems to oppose this view Inflammation of the lining of the ventricles as a cause of chronic hydrocephalus is supposed to have received an undue share of credit.

In some cases of tubercular inflammation fluid in excess is poured into the ventricles, and, if the bones are still separate, enlargement of the head takes place; and even after union of the bones they are sometimes torn asunder. Ventricular dropsy from this cause led the older writers to classify all forms of enlargement of the head under the title of tubercular meningitis. This form of hydrocephalus may readily be distinguished. It usually commences in a definite manner, and is attended with marked symptoms characteristic of tubercular meningitis; its course and duration are short, and it is not attended with the enormous enlargement that is common in the other forms. Blows on the head, exposure to the sun, and all agencies which are recognized as productive of meningitis, may operate in the causation of this form.

The next variety of causes to which chronic hydrocephalus is due comprises rickety, or otherwise abnormal conditions of the bones of the skull, which deprive them of their natural resistance, and allow them to yield with unnatural readiness to the natural pressure within. This, according to most authorities, is believed to be the most common cause of ventricular dropsy. Dr. W. Howship Dickinson reports, that out of twenty-six cases under his care at the Children's Hospital, nineteen were rickety subjects. The pressure that the cerebro-spinal exerts, as illustrated in meningocele and spina bifida, has been mentioned. This same internal hydraulic pressure exerted upon a skull which has no particularly weak point, but of which the sutures are generally weakened by the rickety state of the bones, will cause not a circumscribed, but a general enlargement of the cranial vault. Under the gentle pressure from the slowly increasing collection of water the bones yield uniformly in all directions except at the base of the brain, where, on account of their closer connection, they are with difficulty separated from each other. With the diminished resistance of the skull the fluid tends to gradually increase in the ventricles, and with its increase there is a corresponding

dilatation of them, and a decrease in the thickness of the cerebral hemispheres, as also of the cerebral parts immediately bounding the ventricles. Defective nutrition of the skull from syphilis or other causes, and weakening of the sutures by a prolonged labor or instrumental delivery, may cause this disease. Mr. Hilton is of the opinion that ventricular dropsy is sometimes due to an accidental closure of the passages which lead from the vesicles to the subarachnoid space. The correctness of this opinion is doubted by Dr. Dickinson, who contends that, as the choroid plexuses both secrete and absorb, the cerebro-spinal fluid has both its source and its exit within the ventricles, that, therefore, these cavities, with their exposed blood vessels, probably adjust for themselves the balance between secretion and absorption. In order to accept the theory advanced by Hilton it must be presumed that the fluid which finds its source in the ventricles must pass into the subarachnoid cavity to be got rid of. If it is the function of the ventricles to both secrete and absorb the cerebro-spinal fluid, excepting the small amount that usually passes into the subarachnoid space, and is thence absorbed, then admitting that the aqueduct of Sylvius and the opening in the pia mater are closed by the products of inflammation, it would be difficult to trace the dropsy to their closure. It is probable that, in these cases, the dropsy was traceable to the inflammatory condition of the membrane resulting from a basilar meningitis.

Authors differ greatly as to the nature of this disease. Says Rindfleisch, "If we ask 'Whence these effusions? What is the nature of hydrocephalus?' we must, unfortunately, acknowledge that we are yet far removed from a generally sufficient explanation." Virchow advocates the inflammatory changes which the *ependyma ventriculorum* undergoes; but Rindfleisch demonstrates that, whilst it becomes thickened and denser in certain localities, it never itself contains blood vessels, nor does it involve the contiguous and underlying vessels; and, moreover, the same changes may be found in other morbid conditions, as epilepsy, masticatory facial convulsions, and disturbances of speech. The anomalies of the distribution of blood in the choroid plexuses have been used in explanation of the increased secretion. Rindfleisch says, "The plexuses are constantly hyperæmic, and if we place parts of them under the microscope we find that the surface is beset with numberless small and unbranched, but very vascular papillæ. The finding of papillæ of the kind described, especially at certain points of the choroid plexus, is also so constant in healthy individuals, that we can only place a value upon the quantitative excess of the proliferation, and only afar off imagine the increased secretion of the liquor cerebro-spinalis in connection with the increase of the papillæ. I would, at all events, place a greater value upon even the smallest active or passive hyperæmia of the plexus"

Mr. William Prescott Hewett gives the following points as of diagnostic value in determining between ventricular and arachnoidean dropsies: "If the orbital plates are natural in shape and direction, then the effusion into the ventricles has either occurred at a period when the bones were not easily acted upon by the pressure of fluid, or that the accumulation is on the surface of the brain; subarachnoidean, not ventricular. When the fluid has its origin in the ventricles, the orbital plates are driven in so as to encroach considerably upon the orbits. The orbital arch is more or less done away with; the frontal and orbital portions of the bone may present one continuous line throughout its whole length. In such cases the eyes are more or less driven out of their sockets, and have a marked direction downward; a great part of the pupil is hidden beneath the lower lid, and the white of the eye is much more uncovered than usual."

Treatment. The treatment of this disease must be governed by the origin and circumstances of the case. If it is clearly one of hydrocephalus externus (*i.e.* encysted effusion in the arachnoidean, or effusion into the subarachnoid cavity), then tapping with a small trocar and canula, or the aspirator, with subsequent approximation of the walls of the skull by means of a bandage or adhesive strips will offer the most advantages. In cases of ventricular dropsy commencing with active brain symptoms, such as convulsions, vomiting, etc., preceding the enlargement of the head, and particularly after the sutures have closed, the probabilities are that we have a case from venous obstruction or inflammatory exudation, and the treatment must be directed accordingly. Here purgatives, diuretics and mercurial evacuants afford a limited advantage, yet even a limited advantage must be embraced if possible. Hydrarg. cum creta, or calomel, in grain doses, three times a day, in connection with mercurial inunction, may be the means of diminishing intra-cranial pressure, and thus averting or delaying threatening symptoms. Dr. Matthew Baillie recommends a combination of blue mass, digitalis and squills. In ventricular dropsy from diminished resistance, or associated with rickets, commencing and progressing without any serious cerebral manifestations, the prudent and cautious use of external pressure offers the most advantages. Dr Dickinson says, "it seldom fails to stop further increase, and will often, in conjunction with other measures, occasion a decided diminution in the size of the head." It may be accomplished by the application of a bandage the use of adhesive strips, or, what is preferable, the encircling of the head with a fillet of elastic webbing two or three inches wide. The pressure should be short of leaving red lines from the fabric. Cod liver oil, iodide of iron and other remedies used in the treatment of rickets are indicated. The phosphates of lime and iron, by promoting ossification and union of the disjointed bones, may be of benefit. The advantages of tapping have been variously considered, yet excepting the cases before

mentioned, it is deemed unadvisable, on account of its doubtful utility, and the danger of the supervention of acute meningitis.

The following case of hydrocephalus, associated with rickets, will illustrate the clinical history of the disease:—

J. C. was born, after a natural labor, about the last of February, 1872. Mother and father healthy, and the parents of three other children, all of whom are apparently healthy and free from any hereditary taint. Labor not unusually protracted, nor attended with an excessive amount of the liquor amnii. At birth he was well developed, with no disproportion in size between the head and the body. About the fourth week his parents first observed an unusual development of the head, and from this time until his death it continued to increase in size. He nursed well and continued to grow, and looked plump and well-nourished until the early part of 1873. From this time onward he was poorly nourished, and at times considerably emaciated. About July of the above-mentioned year I was called to attend him in an attack of cholera infantum, which yielded readily to treatment. At this date the head measured twenty-seven inches in circumference; was very deficient in ossification, with large membranous spaces existing between all of the bones. It had a somewhat quadrangular outline, from the protrusion of the frontal and parietal eminences. The orbital plates were much depressed, the eyeballs lowered and the pupils partially veiled by the lower lids; the pupils were dilated and did not readily change with the light; there was slight internal strabismus, and the eyes had the peculiar oscillations so frequent in hydrocephalus. Large veins ramified on each side of the head in continuity with the temporal veins, and, when compared with the waxy, anæmic face, constituted a ghastly contrast. The mind was clear, and continued so until a few days preceding death; general and special sensations were natural as far as could be determined. The bowels always acted naturally. Dentition had progressed normally. The lower extremities were greatly distorted. The iodide of iron, cod-liver oil and diuretics were given without any beneficial result, and the head continued to enlarge until it attained the enormous circumference of thirty-one (31) inches. On December 27th, 1873, the child was seized with convulsions, and died the next day, aged 22 months.

Post-mortem.—The body was thin and emaciated. The fontanelles were widely open, and the brain was everywhere in contact with, not adherent to, the dura mater, being spread out into a bag that closely adapted itself to the expanded cranium, the walls of which varied in thickness from one-eighth to one-quarter of an inch. Scarcely any trace of sulci or convolutions remained; the great divisions marked by the falx and tentorium retained their positions. The brain, as also the septum lucidum and fornix, was slightly softer and whiter than natural. The fluid was in the interior of the brain, being chiefly contained in the lateral ventricles, which were enormously dilated. The foramen of Munro was stretched to a diameter of about five inches, and was of an irregularly circular shape. From the edges of this opening two thin layers of cerebral tissue passed vertically and formed the internal boundaries of each lateral ventricle. The third ventricle was distended in a corresponding manner, and was continuous with the lateral ventricles, so that it was almost impossible to say where one began and the other ended. There was also an extra cavity formed by a separation of the tentorium from the cerebellum, which was in free communication with each lateral ventricle by a large round opening on the outer part of the transverse fissure on either side. The fourth ventricle and its outlet were natural. The arachnoid about the base of the brain was somewhat thickened. The lining membrane of the cavities containing the fluid was mostly smooth and natural, but in one or two places it presented a slightly granular appearance. The fluid was carefully collected, and amounted to one hundred and seventy-six ounces; it had the appearance of pure water, sp. gr. 1004, and contained a minute trace of albumen. The longitudinal and lateral sinuses, as also the meningeal arteries and jugular veins, were normal. The ossification of the skull was very imperfect; a wide space between the parietal bones was closed by membrane only. The anterior and posterior fontanelles were very large, and here and there islands of bone were deposited on the membrane. The orbital plates were much depressed and reduced the size of the orbits greatly. The examination was limited to the head.

In this case it will be noticed that there was a total absence of cerebral symptoms. The child manifested the usual degree of intelligence of a child of its age. At first it would appear anomalous that the brain, existing only as a bag, with its anatomical characteristics almost entirely obliterated, should continue to perform its functions, or should be still endowed with the complete faculty of intellect. But, when it is remembered that this altered state represents rather a change of form, a spreading out of the brain tissue, than a destruction of any of its elements; that it does not entail a compression of the brain substance, nor seriously impair its nutrition, then an explanation of the fact is not wanting.

—The Hartford *Times* says that New England was formerly exempt from fever and ague, but "since the war this troublesome disorder has existed nearly every year, to some extent, along the Connecticut coast, between the Connecticut river and New York, and now it has crept into the middle region of the State. It has existed at New Haven for some time, and during the last month it has prevailed seriously at Portland, Middlesex county—the seat of the freestone quarries. At one time there were said to be no fewer than 500 cases of fever and ague in that town. We hear of a few cases of it, too, here in Hartford."

EDITORIAL DEPARTMENT.

PERISCOPE.

The Use of Podophyllin.

Says the London *Medical Times and Gazette*:—

M. Demarquay having of late made frequent use of this substance at the Maison Municipale de Santé, where a large proportion of the patients are women, M. Merchaut, his *élève* published in the *Bulletin de Thérap.* for August 30th, an account of the results that have been obtained of forty patients to whom it has been administered. Three only resisted its effects, and in these the constipation was rendered obstinate by mechanical obstacles. As a general rule its effects take place about twelve hours after its administration, the most extreme periods on either hand that were observed having been seven and nineteen hours. The medicine acted with little or no pain, either prior or subsequent to the stools; but it was often found that the patient had an inclination for stool without any result. This was especially the case in the subjects of obstinate constipation, and was obviated by increasing the dose, or better still by more frequent repetition of the remedy. The stools produced are remarkable for their non-diarrhœic character, being semi-liquid only, and often normal in color and consistence; and podophyllin may be long employed without producing any secretory disturbance in the canal, and without inducing super-purgation to be followed again by constipation. The medicine may, however, act in this mischievous way if given in too large doses (five to ten centigrammes) and without bearing due relation to the age of the patient and the degree of constipation. In the stools there is also found a considerable portion of bile when the dose is properly apportioned. The various accidents said by some authors to attend the use of podophyllin (as vertigo, sweating, loss of appetite, vomiting, dysentery, etc.) have not been met with among M. Demarquay's patients, even when the medicine has been contiued for a long period. This may be attributed to the small doses given, which have never exceeded six centigrammes. The formula which after various trials has been found most convenient, consists in a pill made of three centigrammes of podophyllin, two of extract of hyoscyamus, and two of soap. This pill also constitutes the best average dose for an adult. It will sometimes, however, be insufficient in the subjects of habitual constipation, while for children one or two centigrammes suffice. When the three centigrammes do not prove sufficient, the dose may be gradually increased, or, what is preferable, the pills may be given oftener, so that one is administered every twelve instead of every twenty-four hours. And when these do not suffice, it will be preferable, in place of increasing the quantity of each dose, to repeat the pill every eight or six hours. At the end of the third day at latest the effect will have been produced, it being also explained to the patient that the medicine is not intended to act as a purgative, but as a remedy against constipation, in order to secure the necessary patience. Stools once secured, the medicine must always be administered at the same time of the day, and the patient acquire the habit of going to stool. Ten or fifteen days may be required for this purpose, and then the doses must be gradually given at more prolonged periods; so that perhaps a month altogether may be required to overcome the constipation.

The Nature of Angina Pectoris.

Dr. J. Wilson, in the Edinburgh *Medical Journal*, says:—

Regarding the general subject of angina pectoris, I venture to give my adhesion to the view now generally entertained, of its being a *neurosis*. Dr. Moinet concludes that it is a paralysis occurring in and depending upon a weakened heart, as no other theory (according to him) can account for the symptoms and history of the disease. I cannot see how his theory can account in the least for such symptoms as the awful pain, intense anxiety, and indescribable terror which the sufferers from this disease so vividly describe. Trousseau, and several other authorities, consider it an *epileptiform neuralgia*, and I believe this is the nearest approach to a solution of the cause. In addition to this view, is it not probable that there may exist in many individuals such a degree of cardiac irritability or over-sensitiveness as may preclude its bearing the least strain upon its regular duties, and against which it rebels by irregular and excited action, as found in palpitation, or by a convulsive contraction, as in angina pectoris? The following somewhat analogous case may serve as an illustration of this view. A short time ago, I had a female patient under my care, age 33, unmarried, and of marked nervous temperament. She enjoyed general good health, but suffered from the following uterine phenomenon:—Her menstruation was regular and normal in every respect, with this exception, that when the flow had begun, and continued for three or four hours, an intense uterine pain started up, of a kind she could barely describe, and simultaneous with its occurrence the discharge ceased. The intense pain and stoppage of discharge continued for several hours, forcing her to lie down She said that the pain was only dulled by two or three teaspoonfuls of strong whisky. This state of matters would go on for from four to eight hours, and then almost all at once cease, when the menstrual flow was again resumed,

the period terminating in its usual way. She had suffered from this for years. Now, was this not really what we might call a case of angina matricis, set up by the increased vascularity of the organ exciting its irritability? I could not resist such a conclusion. Irritability, along with ganglionic irregularity of action, might account for this case, as well as for many cases of angina pectoris which occur where no other morbid condition is to be detected.

On Abnormal Pulsations.

Dr. Balfour says, in a recent article in the Edinburg *Medical Journal*:—

When the left lung is retracted from the base of the heart from any cause, the pulsation of the pulmonary artery between the second and third ribs, close to the sternum, may be distinctly felt, and even the click of the semi-lunar valves perceived, because sounds consist of vibrations sufficiently rapid to become appreciated by the ear, and can always be both felt and seen if the propagating medium be suitable. Hence friction, the result of rubbing together of the two layers of the pericardium when roughened by lymph, is easily perceived by the hand, and even the vibration of valvular murmurs are readily enough appreciated. When rough, these vibrations have received the name of the purring thrill, *fremissement cataire*, because the sensation felt resembles that perceived on placing the hand on the body of a cat in the act of purring. Abnormal pulsations along the course of the thoracic aorta are usually confined to the ascending and transverse portions, and may be the result of simple displacement of the vessel, as occasionally happens in rickety chests, or they may be the result of aneurismal dilatations, and must be sought for in the tracheal fossa, as well as between the ribs along the course of the aorta, especially during expiration, when such pulsations, if faint, are most readily felt.

The Cardiac Nerves.

One of the later physiological essays of Dr. P. Schiff, gives an account of "New Experiments on the Hastening Nerves of the Heart." Since the time of John Reid, it has been known that after section of the vagi in the neck, the pulse does not beat with uniform rapidity, but that under the influence of emotion, movement, etc., it undergoes changes of rhythm. Increased intra-cardiac pressure, produced by vascular contraction, causes an acceleration of the pulse. It might, then, be supposed that after section of the vagi, the effects of excitement, etc., are exerted primarily on the vessels, and only secondarily on the heart, through the increased intra-vascular pressure. Professor Schiff has made a most valuable discovery, which sets aside this explanation. He finds that when an animal is poisoned by subcutaneous injection of atropia or of nicotin, the heart becomes insensible to variations in the blood-pressure, which may be augmented to double or treble, or reduced to one-half its former amount, without causing any alteration in the rate of the pulse. In an animal thus poisoned, and whose vagi are cut, the rapidity of the pulse ought to be invariable, if the only hastening fibres run in the pneumogastrics. But such invariability of the pulse is not observed under these circumstances, hence hastening fibres must run in some channel other than the cervical cords of the vagi.

The fibres in question arise with the spinal accessory; within the cranium they join the vagus, but leave this again above the lower border of the second ganglion or ganglion of the trunk. They then run in the superior laryngeal nerves, through the anastomosis between these and the inferior laryngeal, and along the latter to the thorax, where they leave the recurrent nerves to join the cardiac plexus. Hence these fibres belong to the system of the vagus, and except these and the other nerves belonging to the same system, there are, according to Schiff, no cardiac hastening nerves.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The "Charter and Constitution of the Gynæcological Hospital and Infirmary for Diseases of Children" reminds us of the fact that, previous to its establishment, no institution with these aims existed in this city. It is located at No. 1624 Poplar street.

——"The Meteor" is a paper published at the Alabama Insane Hospital, edited by patients, and with all its contributions by them. A comparison of it with various other newspapers has convinced us that some of the crazier editors are outside the walls.

——At the request of the Philadelphia County Medical Society, Dr. William Goodell has prepared, and the Society has published, a biographical memoir of the late Dr. Hugh L. Hodge, the eminent obstetrical teacher. The writer of the memoir sketches, to some extent, from personal reminiscence, and has produced an instructive and attractively written biography.

——We have also received "Injuries of the Skull, their Relation to Medical Evidence, with Reports of Cases, and Remarks upon the Employment of the Trephine. By C. C. F. Gay, M. D., Surgeon of the Buffalo General Hospital."

——Tinnitus Aurium; or, Noises in the Ear. By Laurence Turnbull, M. D. (Reprinted from the *Medical Times*.)

——On Deaf-Mutism and the Method of Educating the Deaf and Dumb. By the same.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 31, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ **NOTICE. 1875.**

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115 South Seventh Street,

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THEORIES OF MENTAL LIFE.

A year ago several editorial articles appeared in this journal on the definitions and theories of life. (See REPORTER, November, 1873.) This last August the same subject was treated most carefully by Professor THOMAS H. HUXLEY, in an address (which has been extensively republished in this country) before the British Association for the Advancement of Science.

This eminent naturalist attributes to the philosopher Descartes the first correct exposition of vital phenomena, and concludes his examination of the theme in a few sentences:—

"A certain molecular change in the central part of the nervous system causes, in some way utterly unknown to us, that state of consciousness that we term a sensation." "The impressions left by the motions causing a sensation constitute the physical foundation of memory." "Volitions are simply states of emotion which precede actions." "The only conclusion at which there seems any good ground for arriving is, that animals are machines, but conscious machines." "I hold that these doctrines apply in their fullness and entirety to man."

Such is a brief summary, in his own words, of Professor HUXLEY's views. At the close of his essay he takes occasion to defend these views against the imputation of materialism and atheism. This appears superfluous, as no physiologist pretends to adopt any other theory than that presented above, and in a metaphysical or theological paraphrase (as HUXLEY adds) it is no novelty to the Christian church. It has been distinctly recognized of late years, and was so by Jonathan Edwards, that the question of individual existence depends on that of the Will, and the purpose of his remarkable volume was to frame a theory upon which just this automatic, fatalistic view now adopted by HUXLEY, and science generally, might be made consistent with individual responsibility and the justice of God.

He made a wonderfully subtle argument, and many still think a conclusive one. But less difficult of apprehension is another, which is embraced in a terse sentence of Spinoza, *Volun-*

tas est ens rationis, and which has almost an exact rendering in the familiar proverb "He is a freeman whom the truth makes free." When our emotions, the necessary precedents of our actions, arise from a correct knowledge of things, we are free in the widest sense, while yet we are incapable of acting otherwise. We cannot will to think that two straight lines can inclose a space, or that twice two is six, for the truth prevents us. The perfect man can will no evil, else he is perfect no longer. Spinoza drew the distinction between the promptings (*volitiones*) of our nature, and the will (*voluntas*) which is the inevitable result, or rather the very substance of right reasoning (*ens rationis*). Who obeys the former is a slave, but one of his own making, who forges his own fetters, and has no right to curse the gods for his servitude, but rather himself; he who by a far greater necessity obeys the latter, finds in it a perfect freedom,

"As broad and general as the casing air,"

hemming no noble aspiration or function, and endowing him with the highest elements of life.

It will be noted that HUXLEY states that the relation of the physical change in the brain substance to our consciousness of the sensation is "utterly unknown to us." Undue negligence of this all-essential point has led various writers, of late years, to identify thought with motion, and to speak of the transformation of light or sound into thought. This is as unphilosophical as to speak of the concavity of the arc of a circle becoming transformed into its convexity, when we look at it from the reverse direction; and the error committed is probably precisely the same in both instances. For the light and the sound are indeed indispensable to the thoughts caused by appropriate impressions on the optic and auditory nerves; but neither are nor become in any sense identical with these thoughts.

LEWES, in his late work on *Problems of Life and Mind*, confesses that the study of physiology alone does not offer any basis for a scientific psychology; and in spite of his life-long advocacy of the positive philosophy, virtually starts, where the metaphysician does, with the study of human consciousness itself, enlightened and guided by experimental researches on the nervous system.

NOTES AND COMMENTS.

Chlorophosphide of Arsenic.

The *Chemist and Druggist* says:—Chlorophosphide of arsenic is a compound for which medical science is indebted to Dr. Routh. It seems that he observed that phosphorus and arsenic were efficacious in similar diseases, and thought it might be useful to employ the two elements in combination. The phosphide of arsenic he found to be insoluble, and totally unfit for his purpose; but on mentioning his difficulty to the chemist from whom he usually procured his phosphorus preparations, that gentleman furnished him with a solution which he has found of great service. The chemist in question, Mr. King, has published his formula for preparing the chlorophosphide of arsenic; but, like the celebrated formula for James' fever powder, it only gives good results in the hands of the proprietor. However, there is no doubt that phosphorus and arsenic are really present in this compound, in conjunction with hydrochloric acid. This remedy is prescribed for ague, neuralgia, and liver complaints; and (supposing the theory of some eminent physicians to be correct, that asthma is closely connected with certain skin diseases) it is possible that the chlorophosphide may be found of great service here also.

Causation of Typhoid.

Dr. Edward M. Snow, City Registrar of Providence, says, in his October report:—

"It is a common opinion, very frequently stated, and very generally accepted, that the foul emanations from sink drains, cess-pools, and privy vaults, are one of the most important, if not the chief cause of typhoid fever. My observation does not confirm this theory. The disease prevails much the most in the country, where, if these emanations exist, they are largely diluted by the free circulation of air, while thousands in the city who breathe the foul air from these sources constantly, are *comparatively* exempt from it.

"Again, the cases of typhoid fever in this city are as often in the comfortable and cleanly dwellings as in the poor and filthy. Of the nine decedents in September, five were of American and four of foreign parentage; of the six hundred and sixty-seven decedents from typhoid fever in seventeen years, 1856–1872, there were three hundred and seventy of American and two hundred and ninety-seven of foreign parentage.

"Again, I have known some marked instances of severe typhoid fever, evidently caused by decomposing vegetable matter, with no aid of sink drains or other nuisances. In one instance, several families in one house had typhoid fever, apparently caused by thirty bushels of rotten potatoes in the cellar.

"I think that typhoid fever is caused chiefly by the decomposition of vegetable substances, and that for this reason, it is far more prevalent in the country than in the city."

Dr. Snow's views on epidemiology are somewhat peculiar, and require more evidence than he has yet brought forward to render them acceptable. This is especially true of his advocacy of the non-contagious nature of scarlatina.

On Patent Medicines.

We take the following extract from the New York *Nation*:—

"Dr. Dyrenfurth, the newly-appointed principal examiner in the class of chemistry, in the Patent Office, has recently rejected an application for letters-patent for a 'medical compound,' substantially upon the grounds that a mere mechanical mixture, or assemblage without chemical union, of a number of medical ingredients, possessing well-known properties, is neither such invention nor discovery of a new and useful composition of matter as is contemplated by the law, its preparation involving at most only the exercise of a skill common, in varying degree, to all persons having a knowledge of disease and of the curative properties of drugs and medicines; that, if patents may issue upon this and kindred applications, it follows, such skill being exercised whenever a physician writes an original prescription, that thousands of patentable inventions of this class are made daily, a fatal *reductio ad absurdum*, and that the creation of monopolies restraining others from the exercise of such skill is in contravention of public policy and human welfare. It might have been further urged that, in the present stage of therapeutic knowledge, there is no mode of determining with reasonable certainty whether a given medical agent (with rare exceptions) does really produce the result claimed or exercise the function ascribed, matters usually susceptible of demonstration in other classes of patents. The omission, however, loses importance in view of the grave doubt that the decision of the examiner will be ultimately sustained. Probably the only remedy for the reproach of governmental aid in the patent-medicine business must be sought through a change in the law, a change which, by excluding medicines from the category of patentable matters, will bring the United States patent laws in harmony with those of the large majority of other countries."

Tuberculosis not Inoculable.

In a late communication to the Academy of Sciences of Paris, M. Metzquer tried to upset Villemin's doctrine. For the last five years the author has made experiments (from seventy to eighty), under the direction of Prof. Feltz, of the Faculty of Nancy. He never succeeded in inducing pulmonary consumption in the inoculated animals. The results were capillary embolism, infarctus, vesicular pneumonia, etc., all of which lesions have (the author maintains) been confounded with tubercle. Tuberculosis may, however, be generated in animals (says M. Metzquer), without inoculation of tubercular matter, by rough treatment, bad food, and, strange to say, by inflicting a wound upon them.

On Salicylic Acid.

The London *Medical Record* remarks that Professor Thiersch made some experiments in the Leipzic Hospital as to the antiseptic action of salicylic acid, and its use in surgery. He says that when strewn (either by itself or mixed with starch) on contused wounds not yet cleaned, and on scurfy and gangrenous surfaces, salicylic acid destroys, for a long time, the putrid odor, without any inflammatory action of importance. In solution of one part of salicylic acid, three parts of phosphate of soda, and fifty parts of water, it favors the coating over of granulation-surfaces. As to its action on fresh wounds, the following data are communicated. During the operation, the wound is kept under a spray cloud of salicylic acid in water (one in 300). The dressing of the wound consists of wadding, impregnated with salicylic

acid in the crystallized state. The wadding is moistened with salicylic acid in water (one in 300), as also the strip of muslin by which it is held. Afterwards, a continuous dripping of the acid solution on the bandage, about eight drops in the minute, is maintained. After an amputation of the femur, on April 27, under such treatment, the patient experienced no pain, nor swellings, nor fever. The first renewal of the dressing was on the sixth day. The secretion in the wound during these six days was without smell. With equally good results, Dr. Thiersch performed some other amputations. He is of opinion that salicylic acid has all the advantages of carbolic acid, without its inconveniences.

Treatment of Furuncles.

Professor Hardy, when boils appear in various parts of the body, almost always succeeds in dispersing them by general treatment. He never employs, as is too often done, frequent purgatives, and very rarely practices incision. If this last be employed too soon, it does not cure the furuncle, always leaving an indurated base, which ends in a mortification of the cellular tissue. Made too late the incision is useless. Among all the various internal remedies that have been recommended, he prefers tar, ordering about a quart of tar-water to be drunk daily. In some cases alkalines or arsenical preparations may be used, or the sulphurous mineral waters of Aix or Bagnières de Luchon. When there is a complication with dyspepsia, alkaline waters, such as those of Vichy, are indicated.

The French Association for the Advancement of Science.

This body met at Lille at the close of August. Among the papers were a number on medical matters. M. Leudet pointed out that alcoholism lies at the bottom of many complaints, the diagnosis of which proves difficult. We should ever bear this circumstance in mind. M. Paquet showed that aconitina is useful in the nervous complications of extensive wounds. M. Tripier proved that Heitzmann was in error when he maintained that animals may be rendered rickety by the continued administration of lactic acid internally, or by injecting it into the veins. The same physician, aided by M. Arloing, mentioned the results of important experiments, showing that the sensibility of the integuments of the hand in man may persist in spite of the section of the nerves of the arm. M. Ollier gave an account of the results to be obtained by the resection of the bones of the foot. The operation is advisable in patients under twenty, but should not be undertaken when the sufferers are above that age. M. Verneuil proved that quinine is very efficacious in that kind of neuralgia which is observed soon after severe wounds. M. Trélat pointed out in his paper that very painful tumors are not always constituted by a congeries of nerves, but may be of a vascular nature. M. Cazin (of Boulogne) brought forward a successful case of Cæsarean section; and several other interesting papers were read in this section. The usual dinners and excursions took place after the meeting, and the members dispersed, much pleased with their visit to Lille.

Horse-Hair Sutures.

Dr. Fayrer says, in a recent work, "Well selected white hair out of a horse's tail is, in many respects, better than any suture hitherto devised. . . . That from the tail of a white or gray horse is the best. I hardly know why it should be so, but I find the white is better than the black hair. . . . The matter may appear a trifle, but it is, nevertheless, an important trifle, for if one can avoid the alleged inconvenience, and even danger, from suppuration, from the hemp and silk ligature, or the disadvantages of the wire, the subject is sufficiently interesting to be worthy of consideration."

Signs of Doubtful Sex.

At a meeting of the Edinburgh Medico-Chirurgical Society, Dr. P. H. Watson alluded to the case of a young lady, who was covered with a hirsute downy covering or lanugo, to such an extent that she could not appear in society. Her relatives wanted something to be done for her, and sea-bathing was recommended; but soon after, when her menstruation began to be established, the extra hair-covering entirely disappeared. He also, with reference to the question of doubtful sex, related the case of a late distinguished medical man, whose appearance was remarkable from the absence of beard, and who had also a very feminine aspect and a shrill falsetto voice. He was by many supposed to be a woman. He took ill and sent for a friend to see him, and told him that he felt he was dying, and that he had left him all his fortune, which was considerable. His friend tried

to cheer him up, told him that he was not dying, and said that they would not yet get the chance of finding out whether he (the patient) was a woman or not. This so infuriated him, that when he did recover, he altered his will, leaving all his money to a charitable institution.

Correspondence.

Large Dose of Bromide of Potassium.

Ed. Med. and Surg. Reporter:—

The following is apparently an accidental cure, and may suggest to the minds of the readers of the Reporter the amount of bromide of potassium that might be given in similar cases.

Six years ago Mrs. B., soon after her fourth confinement, was attacked with puerperal mania. For about one week she neither slept nor ceased talking. She appeared to have an uncontrollable desire to kill her infant, and do many other strange acts. In the absence of her attendant, she went into an adjoining room, where there was a vessel filled with lard, and thrusting her arms into the lard to her elbows, brought up eight or ten pounds of the grease and put it on her head, rubbing it into her long hair, for the purpose, as she said of oiling her hair. No safe amount of narcotics would induce sleep. I prescribed one ounce bromide potassium in six ounces of water, and directed the equivalent of twenty grains to be given every three hours. Soon after taking the first dose, the nurse stepped into an adjoining room, when the patient, taking advantage of her absence, arose from the bed, went to the medicine and drank the half of the prescription, two hundred and forty grains at one time. The nurse hearing her up returned, took the bottle from her and placed her in bed. She soon fell asleep at 9 o'clock P. M., and slept without waking until 10 o'clock next morning, when she awoke quite rational, and has remained so until the present time.

She has given birth to children since, without any recurrence of the mania.

J. W. Compton, M. D.

Evansville, Ind., October 19th, 1874.

News and Miscellany.

American Public Health Association.

The American Public Health Association will convene in Philadelphia, Tuesday, November 10, 1874, in accordance with the adjournment of the Annual Meeting. The Order of Business has been adopted by the Executive Committee in compliance with Article XII of the Constitution of the Association. The Meetings will be held at the College of Physicians, corner of Locust and Thirteenth streets, Philadelphia.

"The University of Philadelphia."

A letter was lately received by the Mayor of this city, from Mr. A. M. Hancock, United States Consul at Malaga, Spain, giving information of the sale of diplomas issued by the American University, No. 514 Pine street, in Spain, by the advertisements of Dr. Van Der Vyver, of Jersey, England.

An answer was sent to Mr. Hancock, by chief clerk Marcus, stating that the matter was now in the hands of the Attorney General of this State, who has applied for a writ of quo warranto against the American University.

This so-called University of Philadelphia has been again brought under public notice in an inquest held at Nottingham, England, on the body of a woman named Ellis. A person named John Wilson, calling himself a "doctor of medicine, of the University of Philadelphia," had prescribed green hellebore for her, under the idea that she was suffering from erysipelas of the face. As she became worse, Mr. Snell, surgeon, was called in, and found that the patient was suffering from delirium and congestion of the brain, arising from disease of the kidneys. She soon died, and Dr. John Wilson came very near coming to grief himself.

School of Medicine for Women, in London.

On October 12th a school of medical instruction was opened in London, in commodious premises at 30 Henrietta street, Brunswick Square, where it is intended to build a detached dissecting room in the garden attached to the house. The full staff of lecturers has not yet been appointed, but among those who have already consented to take part in the instruction are Dr. King Chambers, in the practice of medicine, Mr. Berkley Hill in surgery, Mr. A. T. Norton in anatomy, Dr. Sturges in Materia Medica, Mrs. Garrett Anderson in midwifery, Mr. Crichett in ophthalmic surgery, Dr. Cheadle in pathology, Mr. Heaton in chemistry, and Mr. A. W. Bennett in botany. The following gentlemen have, in addition, consented to serve on the council: Dr. Billing, Dr. Buchanan, Mr. Ernest Hart, Professor Huxley, Dr. Hughlings Jackson, Dr. Murie, Dr. F. Payne, Dr. W. S. Playfair, and Dr. Burdon-Sanderson, as well as Dr. Elizabeth Blackwell.

The Association of German Naturalists and Physicians.

This organization held its forty-seventh annual meeting in Breslau on the 18th of last month and following days. The proceedings were opened with an address by Dr. Löwig, Professor of Chemistry in the University, the greater part of which was occupied with a notice of the life and labors of the chemist Richter, a native of Silesia, whom Dr. Löwig described as the discoverer of chemical proportions and the founder of the higher scientific chemistry. Addresses of welcome were then delivered by Baron von Nordenflycht, President

of the Province of Silesia, Herr von Forckenbeck, chief magistrate of Breslau, and Professor Heidenhain Professor Virchow delivered a characteristic address on miracles, with special reference to the case of Louise Lateau. For the transaction of the scientific business of the association no fewer than twenty-three sections were formed.

Medical Establishments in Sweden.

In Sweden there are seventy-nine hospitals, containing 4687 beds, receiving an average of from 30,000 to 32,000 patients, with an annual death-rate of about 2000. The expenses of these hospitals amount to about £40,000 per annum. There are nine lunatic asylums, containing 1210 beds. In 1870 the statistical returns showed 9109 lunatics, of which 4666 were men, and 4443 women. There were also 3280 blind persons, 1504 men and 1776 women; 4254 deaf and dumb, comprising 2370 men and 1848 women. Stockholm contains seven hospitals, of which the most important is the Clinical Hospital, containing 300 beds.

Swallowing a Tool-Chest.

It is reported that in the different prisons of Paris there are five or six deaths every year from the effect of swallowing what is known as an "escape-box." This remarkable box is made for the special accommodation of prisoners. It is of polished steel, about three inches long, and contains turnscrews, hammers, silk thread, and other implements necessary for escape. The box appears to be easily swallowed, but sometimes fails to reappear as intended, and the death of the victim is the result. But, when it does pass the bowels, the lucky prisoner is prepared to cut the thickest iron bars and set himself at liberty.

Leprosy in Canada.

Leprosy is said to prevail to a considerable extent in the little village of Tracadie, at the mouth of Miramichi river, Canada. The inhabitants of the village, who are all of French descent, have established a hospital for the worst afflicted of the citizens. The disease is understood to have been brought to Tracadie by a French vessel, which was wrecked off the coast some eighty or ninety years ago, and on board of which was a quantity of clothing from Asiatic ports.

Incompatibility of Pharmacy and Medicine.

The *Pharmaceutical Journal* says that the Court of Appeal at Brussels has recently confirmed a judgment which condemned Dr. Campenhout for having supplied his patients during three years with homœopathic medicines. The decision of the Court was based upon a law of 1818, by which a medical man is absolutely interdicted from practicing pharmacy together with medicine, except in certain specified cases, even although he may hold the diploma of Doctor of Pharmacy. A medical man is not allowed to supply medicines to a patient, even gratuitously.

Items.

—A large meeting of prominent gentlemen was held lately in Boston, to further the erection of a new building for the Harvard Medical School. After addresses by President Eliot, Oliver Wendell Holmes, Judge Clifford and E. E. Hale, a committee of fifty was appointed to suggest measures for raising $200,000, the sum required.

QUERIES AND REPLIES.

Dr T. H. W., of Ohio.—A laryngoscope (Tobold's), $33.00. Medical thermometer, $3.50. Trocar and cannula, for hydrocele, $1.00.

OBITUARY.

DR. JAMES P. DE BRULER.

At a meeting of the physicians of Evansville, Indiana, held at the office of Dr. George B. Walker, on the 12th day of August, 1874, Dr. B. J. Day was appointed Chairman and Dr. Walker Secretary. Drs. J. W. Compton, W. S. Pollard, and C. C. Tyrrell were appointed a committee to prepare resolutions expressing the sense of the meeting in reference to the lamented death of Dr. James P. DeBruler.

The committee reported the following resolutions:

1. That during the sixteen years of his residence and practice in our midst, Dr. DeBruler, by devoting himself with a zeal, earnestness, and constancy, peculiar to himself, had become widely and favorably known as a practicing physician, and had reaped the benefits of his rare qualifications and ceaseless endeavors in an extensive and lucrative practice; and had, in a peculiar manner, attached to himself those among whom he labored, as well as the entire community.

2. That the deceased is entitled to the highest praise for his devotion to medical science; and in this connection we remember his unremitting efforts as a member of the Faculty of the Medical College. With especial capacity for original investigation, he was progressive so far as carefully verified experiments would safely lead, and he wisely believed that the medical practitioner should be accurately versed in all the details of elementary preparation, of which he was himself an eminent example.

NATHANIEL C. SHURTLEFF, M.D.,

Of Boston, Mass., died October 17. He was born in that city in 1810, and was educated at Harvard College, from which institution he graduated with Wendell Phillips and John Lothrop Motley, in 1831. He studied medicine and commenced practice as a physician, but having an ample fortune he devoted himself chiefly to antiquarian researches, and published a valuable history of Boston. His records of the Colonial period were published by the State Government, and are full and accurate. Dr. Shurtleff was three times elected Mayor of Boston, the last term expiring in 1870.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ACUTE BRIGHT'S DISEASE.

BY E. P. HURD., M. D.,
Of Newburyport, Mass.

Case 1. A. B., aged 36, an industrious mechanic, sent for me on the evening of September 9th, ult. Was suffering from fever and general anasarca. Both had come on within forty-eight hours, from exposure to cold and wet. Urine was almost suppressed, and of reddish or smoky appearance. Heat and nitric acid gave a copious curdy deposit of albumen. Diagnosis, Bright's disease, from cold, the poison that was irritating the kidneys, retained and altered excretions. Treatment: Warm bath; liq. ammon. acet., with ipecac. and aconite; mustard paste over loins; pulv. jalap co. to be taken tomorrow.

Sept. 10th. Vial of patient's urine has stood all night inverted; deposit on cork, submitted to microscopic examination, showed renal epithelium in abundance, this mostly spheroidal, from the tubules; most of the cells with central nucleus, but many of them granular; abortive epithelium; a few transitional cells from pelvis; free nuclei; blood corpuscles; one or two blood casts; numerous epithelial casts; a quantity of pigmentary matter; reaction faintly acid; sp. gr. 1025. Mr. B. had had a comfortable night. Urine more copious, and of lighter color. Had had a free movement of bowels; no perspiration; heat of skin, as tested by thermometer, 103°; tongue much coated, but moist; headache and nausea gone.

From this time forth there was gradual amelioration; urine becoming more abundant, and the desquamative products lessening. Quantity of albumen on heat and nitric acid, at first large, but steadily diminishing. Anasarca subsiding. Considerable diarrhœa, which was for some time suffered to run on. His medicine was changed to infus. digitalis, ℥ss every six hours. To this, tinct. fer. sesquichlorid, in ten-drop doses, was subsequently added. At the time of this writing (Oct. 17th) Mr. B. is quite recovered.

Case 2. Mary D., aged 10 years. Had nearly recovered from a mild attack of scarlet fever, when general anasarca, with fever, set in. Urine scanty, and of smoky tint. Excoriated the urinary passages. This was afterwards found to be in consequence of a lithate deposit within the urinary passages, and especially of urate of soda, hedge-hog crystals of which were abundant. Obstinate vomiting and diarrhœa; drowsiness and hebetude.

Urine, on being examined for albumen, gave copious curdy precipitate, by heat and nitric acid. Microscopically, beside the saline deposit above alluded to, blood, epithelial and granular casts, the granular predominating. Free blood globules, and desquamated epithelium.

I regret to say that the urine was not tested for urea.

Pyrexia was intense, the body temperature, as estimated by the thermometer, being 105°. Tongue and mucous membranes dry.

In this case all medicinal treatment proved unavailing, on account of the persistent vomiting The poison, whether it were urea, or a re-accumulation of the original scarlatina virus, that was doing the mischief, seemed to concen-

trate itself on the mucous membrane of the gastro-intestinal canal. Yet the vomiting was not marked, except after drinking. Everything was rejected. Small pieces of ice, even, shared the fate of the various anti-emetic remedies that were tried. It was decided, at length, to let the stomach alone, and to rely on outward applications and warm baths. Hot fomentations were assiduously employed over the loins and epispastics applied to the stomach. A warm bath night and morning. Diarrhœa suffered to continue.

The third and fourth days there seemed to be a little improvement. The gastric irritability had, in a measure, subsided. The patient could now keep down small quantities of nourishment, clam broth, mutton and beef teas. Quantity of urine sensibly increased; the morbid deposits still conspicuous.

℞. Infus. digitalis ℥j
Spts. eth. nit. ℥ss. M.

To be taken every four hours.

On the morning of the fifth day the little patient seemed bright and cheerful, with lessened fever, and some appetite; but there was small bubbling at the base of the lungs, and the sputum had a bloody tinge. From this out, symptoms became alarmingly worse, severe pneumonia set in, which carried her off in forty-eight hours. No post-mortem was allowed.

I have often remarked that scarlet fever, or scarlatinal dropsy, attended with long continued vomiting or purging, resisting all treatment for several days, is almost sure to be fatal. Also that pneumonia is one of the most dangerous complications that can attend scarlatinal dropsy.

The acute form of Bright's Disease is generally readily amenable to treatment, or rather, needs very little treatment. Recovery is the rule, and death the exception. The dropsy sometimes attending pregnancy is generally characterized by the presence of albumen in the urine, tube casts, granular, hyaline, or epithelial, and all the characteristic marks of acute Bright's Disease. This complication is ascribed to pressure on the renal veins by the gravid uterus. Such cases generally get rapidly well after delivery.

The acute dropsy following scarlet fever is attributed, by Niemeyer, to irritation of the kidneys by the scarlatina poison; there being in the system a renewal of the original virus, the primary fever having failed to eliminate all the poison. This view harmonizes with the fact that coincident with the first attack we often find the urine albuminous, and impregnated with fibrinous casts, epithelian, and other inflammatory products. In a great proportion of cases of scarlet fever, examination of the urine will show evidences of renal irritation; albumen, epithelium and tube casts being present from the first.

Convulsions constitute an untoward and always alarming symptom. I have, however, in a number of instances, witnessed recovery after convulsions, and in only one instance that I now remember, did death occur. That the eclampsia of Bright's Disease is due to uræmia is pretty generally conceded. I have myself demonstrated the marked decrease of urea in the urine of Bright's Disease, by both Davy's and Liebig's methods. I have proved that with the increase in albumen there is a decrease in the relative amount of urea. Reports of some six cases, occurring while I was clinical clerk in the Montreal General Hospital, in 1865, I have elsewhere published. These embodied daily quantitative analyses of urea and albumen, for a series of weeks. Such examinations, however, require more time and painstaking than the general practitioner has to spare, and for practical purposes it is sufficient to determine the presence or absence in the urine of albumen and other inflammatory exudative or desquamative products. Roger called the disease we have been considering "acute desquamative nephritis." This is really the most expressive appellation by which we can characterize it.

Of all the different modes of treatment, the warm bath or vapor bath, is one of the most speedy and useful remedies, causing profuse perspiration and relieving renal engorgement by derivation to the skin. As for other diaphoretics, I have seen little benefit from any of them. That diuretics are really not contra-indicated, but do good, is, I believe, the opinion of most practitioners. Of these, the most serviceable is undoubtedly digitalis.

GUAIACUM IN THE TREATMENT OF ACUTE TONSILLITIS.

BY DR. R. J. FRITZINGER,
Of Ashland, Penna.

Contemplating for some time to send to the Reporter an article containing the details of the use of guaiacum in tonsillitis, but fearing that

my success might be exceptional, or that, in consequence, my opinion might be prejudiced, I withheld it, in hope of seeing a communication from some other source.

In the meantime, the report of the lectures of Dr. Cohen appeared, and the entire omission of any reference to this treatment forces me to the conclusion that the virtues of this remedy are by no means universally known. Not only in this complaint, but in all inflammatory conditions of the throat, will it be found highly useful. I cannot and do not claim priority in this application of guaiac, having seen it repeatedly recommended, but never have I found it occupying the just prominence due to its invaluable properties.

It is true that quinsy, as regards its fatality, is a trivial affection; but in view of the discomfort, distress and pain it causes the sufferer, it should engage our most earnest attention; and any addition to our therapeutical resources that has the power to cut it short in its incipiency, abort it, should be a matter of gratification.

Treating quinsy on "general principles" usually results in suppuration. The gasping respiration of a patient almost bordering on suffocation, is a sound exceedingly familiar. This degree of tumefaction is often reached before the physician is consulted, and, as fluctuation generally can be detected at this stage, suppuration will inevitably result. But if the swelling is very rapid, a decided degree of enlargement may exist, and still suppurative action may not be established in the body of the gland. Associated with this we have inflammation, and often œdematous swelling of the contiguous structures, the mucous membrane covering them and overlying and adjacent to the tonsils. In order to produce a curative effect upon the underlying gland a remedy is required that exerts a beneficial influence upon the superstructures also; and something that restores tonicity to the inflamed and flaccid uvula, the velum, and the arches. This general specific influence is concentrated in the remedy in question.

Whenever a remedy is discovered that is reputed to produce a specific effect, the concomitant comparison with quinine quite naturally follows; and in this instance this can be repeated again without detracting in the least from our sheet-anchor in all periodical diseases. I cannot, in language the most forcible, too strongly urge upon the profession the potency of this remedy in this particular disease. I do not wish to be understood to say that it is infallible; quinine fails, too; but the treatment of nearly a hundred cases, of all degrees of severity within described limits, with the resultant cure in every instance in which it was administered, should, most undoubtedly, bear some degree of strength and assurance with it.

The prominent phenomena resultant upon the administration of guaiacum are the following: First, locally, an astringent effect; second, a tendency to diaphoresis; third, laxative; fourth, a specific resolvent action upon the inflamed tonsil glands.

The only quality claimed that might be questioned is the local astringency; but this is clearly demonstrable by observing the tenacity of the exuded mucus immediately after the administration of a dose. Together with the decided relief it affords by its constringent effect upon the engorged and tumefied membranes, and thus, secondarily, upon the capillaries ramifying in the same, forcing the superabundant blood into the general circulation, this resolution, caused in this manner, this reduction of the calibre of the capillaries, brought about, secondarily, by local contact, is the true physiological action, accomplished, primarily, as the result of its internal exhibition. And this two-fold action, local and general, is what gives it so preëminently this specific controlment over the disease in question. But this reduction, unlike the action of ergot, is only exerted on the capillaries when they are morbidly distended.

I have repeatedly and successfully treated quinsy with tinct. guaiac alone, but its value appears to be enhanced by a combination, and as there are other symptoms to meet we modify our formula accordingly.

Acting upon the fact that chlorate of potash has proven efficacious in inflammatory affections of the mucous membrane of the mouth and throat, we include this; and as febrile disturbance usually is present, nitre proves serviceable. Formerly I was in the habit of alternating the tincture with a powder composed of potass. chlor. and nitre; but latterly I use the following formula almost exclusively:—

R.	Potass. chlor.,	℥j
	Spts. æth. nitros.,	℥ss
	Tinct. guaiac,	℥iss.

Ft. sol.

Sig. A teaspoonful every three hours, in sweetened water.

If properly sweetened and diluted the reputed

disagreeable taste of the tincture will be found to exist more in fancy than in fact. As the local action plays a prominent part in the cure it always should be swallowed slowly. The use of astringent gargles should not be omitted.

OPIUM *VS.* BELLADONNA, WITH CASES OF POISONING,

In three separate classes, comprising those cases of opium poisoning treated with, and those treated without belladonna; also, of belladonna poisoning treated with opium.

BY T. CURTIS SMITH, M. D.,

Of Middleport, Ohio.

[Read before the Ohio Valley Medical Association, and requested to be published.]

The object of this investigation, which has cost me much time and labor, is to settle, if possible, the question of the antagonism of these agents, as to whether it exists or not. And if so, to what extent we may rely on one of them to counteract the poisonous effects of the other.

I think a careful examination of the cases will prove, beyond question, their antagonistic effects to a great extent. By this we do not mean that they are antidotal in any chemical sense whatever, but that their mode of physiological action is diametrically opposite, up to the point of producing profound poisonous effects, at which point their action of narcotism seems quite similar in result, but reached in a different manner. Opium seems to narcotize and paralyze by its powerful depressing influence, while belladonna reaches the same point by powerful over-stimulation.

At this point a comparative statement of the effects of the two drugs may not be out of place, or at least my opinion of their action.

Opium depresses the respiratory nerve centres.	Belladonna stimulates the respiratory nerve centres.
Opium slows the heart's action (generally) except during the first few minutes of its action.	Belladonna quickens the heart's action almost invariably.
Opium retards capillary circulation by permitting dilatation of the capillary vessels, which is caused by its depressing influence over the vaso-motor nerves.	Belladonna increases capillary circulation by increasing the force and frequency of cardiac contractions, and by contracting the capillaries through its stimulant influence over the vaso-motor nerves.
Opium, in ordinary doses, increases the force and fullness of the pulse, but lessens its frequency.	Belladonna increases the force and frequency of the pulse in ordinary doses.
Opium in lethal doses causes death by paralyzing the heart and respiratory nerves, through cerebral congestion, and secondarily permitting the poisonous accumulation of carbonic acid in the blood.	Belladonna in the lethal doses produces death by over-stimulation of the cardiac and respiratory nerves, paralysis of these nerves finally resulting from their over-stimulation.
Opium contracts the pupil by producing cerebral congestion.	Belladonna dilates the pupil and increases the flow of blood through the brain in a given time.
Opium is a powerful anodyne in non-lethal doses.	Belladonna is not an anodyne, only as a stimulant, the same as ammonia or alcohol may be.

These conclusions I have drawn from my own observation of the effects of the two drugs on the physical economy during the years of my practice. If not correct they are open to criticism. If correct we may easily see how, to a certain extent, the one antagonizes the other, namely, one being a nervous stimulant especially of the respiratory tract, and I am sure also of the heart through the nerves controlling its action; while the other depresses both of these organic centres, if we except the first few minutes of the opiate influence. Ammonia, alcohol, coffee, stimulant applications, etc., tend to antagonize the effects of opium, yet no one will claim an antidotal influence existing between them in any chemical sense, but simply that they act differently on the nervous system. So belladonna, by its dissimilar mode of action, proves its claim of antagonism to opium, and vice versa.

We have, however, some high in authority who claim that these drugs are in no sense antagonistic, but that the narcotism produced by one is intensified by the other. Prominent among this class stands Harley, of London,* who relates a series of experiments performed by himself, on animals and man, to prove or disprove this antagonism. It seems to me, however, that Harley's own statements disprove his conclusions. Let us refer to them for a moment. He states that he has found patients in whom the use of morphia or laudanum "produced† faintness, nausea, ending in vomiting and retching, with intervals of delirious somnolency for

* Guistonian Lecture, 1868. *American Journal Medical Science*, Oct. 1868, p. 543.

† Loc. cit.

eight or nine hours. By repeated experiments upon these individuals I have found that the previous or simultaneous use of a small dose (one-ninety-sixth of a grain) of sulphate of atropia entirely prevents these distressing and often alarming symptoms; and I have even arrested them after they have been fully developed by the subsequent use of atropia. *It is by virtue of its powerful stimulant effect upon the sympathetic nervous system* that the derangement of the vagus nerve, causing the above mentioned symptoms, is overpowered."* Mark that he mentions "its powerful stimulant effects upon the sympathetic nervous system." Further on he says, "inasmuch as belladonna has no stimulant action upon the vagus nerve, and therefore no influence upon respiration, no other result can be expected from the operation of belladonna, in a case of opium poisoning, than that which would follow its administration in any other similar case of depression of the cardiac and respiratory functions." That it is a powerful stimulant in any case of cardiac depression we are fully aware; but that it does not stimulate the respiratory nerves and quicken respiration we believe to be a great mistake. In the next clause Harley says: "As a cardiac stimulant, the dose (of atropia) should never exceed the ninety-sixth of a grain, repeated at intervals of an hour and a half or two hours," which is flatly proven to be incorrect by his own statement of the results of his second, third and fourth experiments, where he gave one-forty-eighth of a grain of atropia and the pulse was quickly increased 45, 32 and 17 beats in 10, 30 and 60 minutes respectively, in the first experiment; and 35, 35 and 30 beats in 15, 60 and 105 minutes respectively, a like result being shown also by the third experiment.

It will also be observed that Harley used, in these experiments, twice as much atropia as he should have done to antagonize the morphia. One grain of morphia is antagonized by about one twenty-fourth of a grain of atropia. Hence, as he used but one-fourth of a grain of morphia, he should, in order to have rendered his experiments valid, have used only one ninety-sixth grain of atropia. This fact, to my mind, proves that his experimentation is too inexact to be considered of any value in proving the point he claims to have established.

H. C. Wood,* one of the best authorities in the land on this subject, says "that the *medical value* of atropia in opium poisoning is, to my mind, a *completely established* fact." Again, he says, opium "kills, very generally, by its influence over the respiratory centres, and it is a *proven* fact, that in large doses atropia is a most powerful, and, as far as I know, the only known, direct stimulant to the respiratory centres;* and when it has been used in opium poisoning, it has been very commonly noted that improvement in respiration is the first, or among the first, results." I am satisfied that a careful examination of the cases herein reported will also prove the same fact.

Here we have brought forward the opposing opinions of two leading authorities, the merits of which I leave you to judge; and we turn now to refer to cases where poisonous doses have been given of the two drugs combined, and see what the results were.

In the cases related by H. C. Wood.† where he gave the two drugs together, hypodermically, the opposing influence of the drugs is plainly marked, and the cases are well worth perusal.

A somewhat noted case is one related by Frederic D. Lente.‡ of Cold Spring, New York, where, by mistake, nearly two grains of morphia and one-eleventh grain of atropia were given at the same time, hypodermically, to a feeble woman, who was suffering from "the effects of malarious fever, of three months' duration." "Half an hour after, the patient walked, with but little assistance," was taken to a friend's, one-third of a mile distant, "talking all the way quite rationally and composedly;" complained of nausea, but did not vomit; "pupils remained almost natural; pulse good; respiration rather slow." Later, she was comatose, and respiration reduced to 4½ per minute;§ pulse, 106°; skin natural in temperature and appearance; mouth and throat dry. Was given beef tea and whisky, per rectum, every half-hour. From this time there was gradual improvement, and on next day the patient was about the same as before the accident happened. Here we have a poisonous dose of both drugs, but not the extremely deep narcotism we would expect from the morphia alone, nor yet continued so long. On the other hand, we have not the wild delirium, paralysis of motion and sensation, vertigo,

* Amer. Jour. of the Med. Sci., April, 1873, p. 337.

* Italics mine.
† Loc. cit., p. 340.
‡ Compendium of Medical Science, July, 1873, p. 45.
§ This later action was evidently due to the longer continued action of the morphia, the effects of the atropia being more transient than that of morphia.

loss of vision, dilated pupils, suffused face, livid lips, rapid and intermittent pulse, which we would expect from the use of the atropia alone. The balance between the two drugs being nearly equal, left but few of the ill effects that would have been reasonably expected from either one, given separately or at different times.

Similar cases of the mutual counteracting influence of these drugs can be cited, but we presume it is not necessary, and so will turn our attention to the table of cases given.

One great difficulty in deciding the full and exact value of any agent in the treatment of opium poisoning, is, in deciding the lethal dose for a given case, and the fact that the methods of irritation, stimulation, electricity, etc., all look in the same direction, viz., the keeping of the circulation and respiration sufficiently high to prevent death. Any agent or means that will do this is valuable, even if of temporary effect; for the effects of either drug soon, or in a few hours, pass off. The evidence, therefore, in favor of belladona, or in fact any agent, or means, in the treatment of this accident, is mostly of a negative character.

(To be continued.)

Medical Societies.

MICHIGAN STATE BOARD OF HEALTH.

The State Board of Health held its quarterly meeting in Lansing, October 13. The members present were, Dr. H. O. Hitchcock, President; Dr. R. C. Kedzie, Rev. Charles H. Brigham, Rev. J. S. Goodman, Dr. H. F. Lyster, and Dr. H. B. Baker, Secretary.

Dr. Kedzie, chairman of the Committee on Poisons, reported that he had prepared a set of books of specimens of poisonous wall paper, with a printed introduction, to be distributed to the public libraries, and other public places. An eight page pamphlet has been reprinted from the introduction to these books, which will be distributed where the samples cannot be supplied.

Rev. J. S. Goodman, chairman of the Committee on Education in its Relation to Health, made an able report. He gave statistics relative to school-room diseases, such as near-sightedness, the influence of study and of confinement in an impure atmosphere in the production of consumption and other diseases, and the influence of a bad position of the body, caused by ill-planned school furniture.

The Committee on Legislation in the Interest of Public Health was authorized to take such action as they may deem for the best interests of the people, in memorializing the Governor and Legislature concerning the negligence of railroad employés, making such carelessness a misdemeanor.

Secretary Baker reported that of the appropriation for 1873, $272.15 was unused, and therefore remains a part of the general fund of the State.

Dr. Lyster read a continuation of his report on "Drainage for Health." The paper will appear in the annual report of the Board.

Dr. H. B. Baker reported further investigations in relation to cerebro-spinal meningitis.

The Secretary was appointed a delegate to attend the annual meeting of the American Public Health Association, to be held in Philadelphia, Nov. 10, 11, 12. He was directed to present, with the compliments of the Michigan State Board of Health, a copy of the book of specimens of poisonous wall paper.

Dr. H. O. Hitchcock was invited to prepare a paper on the work of Local Boards of Health.

The President and Secretary were authorized to purchase text-books, transactions, and periodicals, for the library of the Board.

Dr. Kedzie and Secretary Baker were appointed to confer with the Secretary of State in regard to the rooms which were to be assigned to the use of the Board in the new Capitol.

The Committee on Legislation was instructed to take such action as they may deem best to secure a compilation of the laws of Michigan relating, directly and indirectly, to the preservation of life and health.

THE NORTHAMPTON COUNTY (PA.) MEDICAL SOCIETY.

The Society met at Easton, October 19, Dr. A. K. Seem, the President, in the chair.

After the reading of the minutes, Dr. G. T. Fox, of Bath, and Dr. James O. Berlin, of Chapman's Quarries, were elected members of the Society.

The committee appointed at the last meeting, reported that they had published in the different newspapers, and distributed four hundred extra copies of the report of the Committee on Insane Poor at our County Poor House, and the reply of Dr. Green to the Philadelphia *Evening Bulletin*, read at last meeting.

The Secretary read a letter from Dr. Benjamin Lee, of Philadelphia, calling the attention of the Society to the resolution of the State Medical Society, asking for information in regard to location of the burying-grounds and cemeteries within its respective limits, as related to the springs, reservoirs, or streams on which the neighboring populations depend for their water supply, and to the importance of an active interest in the investigation on the part of the County Society.

The Secretary also read a letter from Dr. Clark, member of the Warren County Medical Society, of New Jersey, thanking the Society for the fraternal recognition of their Society by this Society.

A number of cases, of medical interest, were reported by the different members.

Dr. Traill Green then delivered an address on the Second Chapter of the Code of Ethics, or that part which refers to the duties of physicians to each other.

On motion of Dr. Seip, the thanks of the Society were tendered to Dr. Green for his able and profitable address.

After which a lively discussion ensued on the question, should patients call in a second physician before discharging or notifying the one in attendance, or without informing the second of the attendance of the first? This was considered as doing great injustice to both physicians, and was the cause sometimes of ill feeling between physicians, when neither of them was to blame. In this way the patient gets clear of all blame of the first physician.

Dr. Amos Seip was selected to deliver the address at the next meeting.

On motion, adjourned to meet at the same place on the third Saturday of January, 1875.

Editorial Department.

Periscope.

Amputation of the Uterus.

At a meeting of the Dublin Pathological Society, Dr. Sinclair related the following case:

A woman appeared at the dispensary very much bent, looking old, weak, haggard, thin, and anæmic, having all the appearance of a person suffering from advanced malignant disease of some internal organ. It was found, upon inquiry, that she was thirty-six years old, and had had five children, and that her last delivery occurred eight years previously. This delivery was stated to have been very protracted, and ever since she had suffered from repeated hemorrhagic discharges, and, in the intervals of these, from leucorrhœa. She complained of constant bearing down, and great and constant pain at the back of the pelvis; in fact, she was in a condition of complete misery. On examination, Dr. Sinclair found the vagina occupied by a tumor, and on endeavoring to trace it to its attachment, the finger came in contact with the wall of the vagina reflected, as it were, over toward, and continuous with the upper end of the mass, forming superiorly a *cul de sac* all round. No uterus could be felt upon making a supra-pubic examination, but, to make assurance doubly sure, a bent uterine sound was introduced into the bladder, and the index finger of the left hand up the rectum, when, on turning the concavity of the sound toward the sacrum, and raising the handle toward the pubes, the finger could be brought almost in contact with the sound, the tissues of the bladder, rectum, and perhaps a knuckle or two of the small intestines alone intervening; thus showing that the uterus was not *in situ*.

Upon further inquiry it was elicited that the woman had been delivered by a midwife, and that the placenta had not come away for more than two hours after delivery. No attempt had been made to remove it, but having necessity to evacuate her bladder, she rose for that purpose, and the placenta dropped into the utensil. She returned to bed very weak, and remained in that condition for a considerable time.

Dr. Sinclair came to the conclusion that this was a case of inverted uterus of long standing, or, as is improperly called, chronic inversion of the uterus. The other results of the examination were, profuse bleeding, considerable prostration, and much pain. It was necessary to administer cordials and opium. Perfect rest was enjoined for some days, during which period astringent lotions and styptics were used. Another examination was subsequently made, during which Dr. Sinclair attempted the taxis, but the manipulation was so painful, and the hemorrhage caused by it so profuse, that he soon abandoned the attempt, and determined to remove the uterus.

No more unfavorable case could, in Dr. Sinclair's opinion, have been presented for the operation, but the certainly soon fatal termination having been explained to her, and the bare chance of recovery by the removal of the tumor having also been laid before her, she cheerfully consented. Accordingly, by means of a Gooch's double canula, a strong whip-cord, well waxed, and thick enough just to fill the cylinders of the canula, the tumor was easily snared. The ligature was then tightened by the greatest amount of force that could be brought to pull on it, so that the uterus was completely strangled at once and forever. She bore the operation very well, did not complain of much pain, not nearly so much as when the taxis was attempted, and her pulse, when placed in bed, was 90. There was a considerable gush of bleeding when the ligature was being "brought home" and secured, but it soon ceased. The stomach was unaffected. She was placed on full doses of opium, and a light poultice was constantly retained over the abdomen. The bladder was carefully attended to, and perfect rest enjoined. Milk diet. The ligature was tightened at every visit, morning and evening, for four days, and the vagina syringed with tepid water. On the fifth day the mass was in a state of decomposition, and Dr. Sinclair then determined to remove it.

During these four days the patient complained of considerable tenderness about the hypogastrium, and much tension from tympany. Warm poultices and stuping was the only local treatment employed, but small doses of calomel and opium were administered at short intervals, so as rapidly just to touch the gums. These symptoms subsided and were nearly absent when she was placed upon the table, on the fifth day after the ligature was applied. Dr. Sinclair first tried the ecraseur. A piano wire was passed round the tumor, but it slipped over the surface of the tough but soft mass, and took off only a sliver from the anterior surface of the tumor. Another piano wire was then applied, but it snapped. Dr. Sinclair then did what he was sorry he did not do at first. By means of a valsellum the tumor was drawn down; the fingers of the left hand were passed along the canula posteriorly till they reached the furrow caused by the tightened ligature, and a little below this, by means of a uterine scissors, the mass was removed, with the exception of a very small portion below the ligature. The canula was now removed, but the whip-cord was not interfered with. In three days the ligature and remaining small portions of the slough came away. From that moment the woman made rapid progress; in ten or twelve days after the uterus was removed she was sitting up; and in less than two months she was completely altered in appearance. She was in good condition; comparatively fat; had a good color; looked much younger; was cheerful and happy. She left the hospital in perfect health.

On Blood Letting.

From an excellent article on this subject, in the London *Medical Times and Gazette*, by Dr. Benjamin W. Richardson, we extract the following:—

EFFECT OF BLOOD-LETTING FOR RELIEF OF OPPRESSION OF BLOOD IN THE HEART—CARDIAC CONGESTION.

There are cases of disease in which the right side of the heart of the patient, enlarged and enfeebled, becomes easily oppressed with the weight of blood, and fails to lift its charge freely over the pulmonic circuit. The symptoms under such circumstances are extremely severe. They are compounded of dyspnœa and syncope, with a sense of impending dissolution and oppression at the chest which is indescribable. The veins are tense of blood, the face livid. It was, I doubt not, in these cases that the ancients observed the strange phenomenon of the face of the sufferer becoming of natural color under the loss of blood.

A patient suffering from these symptoms, and who lived to reach the age of eighty-four years, was under my observation for several months. She suffered two or three times a year from attacks of cardiac congestion, which, according to her view, were asthmatical, but which were, in fact, due to that weakness and dilatation of the right side of the heart described above. When she was first afflicted she had been treated by the abstraction of blood, and with such success she would never allow any other treatment, when the paroxysm was more than usually severe, until that remedy had been resorted to. She had herself no fear whatever about the loss of the blood, and I knew her subjected to it three times in one twelvemonth. The abstraction of from six to eight ounces invariably brought her relief from the oppression, and "Now I breathe again" was her usual remark as her circulation was restored to its natural course, and her anxious, dark, congested face became clear and natural. This lady died, at last, from simple senile decay.

EFFECT OF BLOOD-LETTING IN PULMONARY HEMORRHAGE WITH HÆMOPTYSIS.

On June 11, 1852, Mrs. C., a woman approaching the climacteric, and who had not menstruated for two months, was seized, while walking out of doors, with difficulty of breathing and with vomiting of frothy blood. She was taken to her home at Barnes, and I, being then at Mortlake (near by), was soon in attendance. At the time of my arrival the patient had vomited eight ounces of red frothy blood; there was general and extreme dullness over the whole of the left lung, but the right lung was still clear, and she breathed by it with sufficient freedom to continue to live. Her face was dark and congested, she was nearly pulseless, and her extremities were cold. I had her feet placed in hot water with mustard added to it, and sent for my friend Dr. Willis, of Barnes, with whom I was at that time connected in practice. On his arrival, our opinion being the same, that Mrs. C. was suffering from sudden pulmonary congestion or apoplexy of the left lung, and that the hemorrhage was a sign of the congestion, we determined at once to abstract blood from the arm, and drew off three ordinary teacupfuls. On this a tendency to faintness of the patient occurred, but the symptom was trivial, while the relief to the congestion was immediate. The breathing became freer, the hemorrhage from the lung ceased, and there was reaction, followed soon by a free expectoration of bronchial mucus. In a word, the imminent symptoms, promptly met, were promptly relieved, and recovery, although retarded by an external perineal abscess, which held her back, was completed during the ensuing month of July. In no case I have recorded was the immediate good effect of blood-letting more marked than in this case. It was as distinctly recognized by the patient herself as by us who were ministering to her relief.

EFFECT OF BLOOD-LETTING IN APOPLEXY.

In 1870 I was called by my friend and neighbor, Mr. Roberts, of St. John's-wood, to see a gentleman of middle-age, who was lying in a state of apoplectic coma, with recurrent

convulsion. The patient was unconscious, his breathing was stertorous, and his temperature, which had been high, was beginning to fall. His bronchial tubes and trachea were loaded with fluid, his eyes were fixed, and his pupils were contracted. To our minds and to the minds of all who were present, this patient had not many minutes to live; but as we had permission, in the way of a last resource, to bleed, we carried out the practice of bleeding *pleno rivo*. A vein in the arm was freely opened, and the blood coursed out of the opening in full and high current. At first the blood was very dark in color, but when twenty ounces had been drawn it came over of a brighter color. The convulsions ceased, and the patient, for the first time in some hours, gave evidence of consciousness by coughing and spitting up freely the fluid that filled his trachea and bronchial tubes. When twenty-four ounces of blood had been taken, the pulse, which had previously been hard and resistant, became soft; the veins became less tense, and the pupils relaxed. The flow of blood was now stayed. The patient slept without stertor, and the next morning, when I visited him with Mr. Roberts, I saw him move from one bed across to another, and take part in changing his dress. He recovered from this attack with great rapidity, and felt the loss of blood so little that in a day or two he was able to leave the house.

Note.—I have thus brought together a list of examples of the effects of blood-letting in different kinds of disease. It is but right to admit that the examples are selected. They are selected by and with intent to prove that a remedy now feared and avoided, which held its ground for nearly twenty centuries with but one period of interruption (by Jacobus Psychrestus, in the time of Leo the Great), is still a remedy potent to save human life. I confess I have bled many times, and have not had the same good results as I have here recorded, but in these instances I have never seen occasion, with a single exception, in which, I think, it was resorted to too late, to suppose that the remedy had inflicted the slightest harm. On the other hand, I have many times not been permitted to take blood, and have seen the patients die when the only means that gave a hope of cure was at hand.

That in this, the most feebly endowed age in the whole history of physic, an age of placebo, the teachings of the fathers of our art should stand for nothing, unnatural fact as it is, is hardly strange. Placebo gratifies fashion, which is our master; ministers to luxurious ease of thought, which is our present weakness; and, so long as we have no informed critics, out of our ranks, to find fault with our work, passes for skillful fencing, even against death. Whether an art so simplified is as safe as it is pleasant is a question I do not wish to discuss; but of this I am certain, that in giving up blood-letting, as a means of cure, it sacrifices both skill and duty to ignorant prejudice and ignoble fear.

On Vesical Cysts.

The Edinburg *Medical Journal* translates, on this subject, the views of Dr. Josef Englisch. The author remarks the rarity of cysts in the small pelvis of men, as compared with the frequency of their occurrence in that of women, and gives six cases from his own experience, and a summary of thirteen cases drawn from the literature of the subject. Of the dissection of five of his own cases a careful account is given, while the sixth was simply examined, diagnosed, and lost sight of. The largest of the dissected cysts measured 2.3 ctm. by 1.2 ctm. Illustrative engravings are appended. Three of the cysts, situated in the middle line between the vasa deferentia, were pedunculated, the lower end of the peduncle being lost in the tissue between the ducti ejaculatorii; one was in connection with the right vas deferens; and the last, not pedunculated, unconnected with the vasa deferentia, and placed somewhat to the left of the middle line. The contents of the cysts were sero-albuminous, and the wall in some cases lined with flat epithelium. The author traces the origin of these small cysts to the remains of embryonic structures. Those pedunculated and central, he derives from the Wolffian bodies, and those more laterally placed from the ducts of Müller; or the latter may be processes from the vas deferens to which they are connected, their cavities having at one time communicated with that tube, such communication having been later obliterated, possibly by inflammatory processes. Unless they are very minute, such cysts, from their position, are said to be capable of causing difficult micturition in greater or less degree. Of the thirteen collated cases the result is only given of five; four ending fatally, and one in recovery. In seven the operative procedure is specified; and in two of these the result of such operation is not stated, omissions which greatly reduce the clinical value of the cases enumerated. Mr. Spence's case, above referred to, and one of Mr. Bryant's, are only two out of nine said to be hydatid, which can be accepted as having been undoubtedly so, as in these alone the gross and microscopic evidence of hydatids is noted. The rest of the paper is occupied with the symptomatology, diagnosis and treatment of cysts in this position. The tumor may fill the small pelvis, and pass a considerable distance up the abdominal cavity, and be perceptible to the examining hand above the pubis; unless very tense, it may be felt to fluctuate. The bladder is always, if possible, to be emptied as a preliminary to examination. Difficulty in passing the catheter may arise from narrowing of the urethra or alteration of its curve. The catheter, after introduction into the bladder, may be made to touch the anterior wall of the pelvis, but posteriorly it comes in contact with a rounded tumor, and cannot be felt per rectum. After puncture the cyst collapses, and difficulty in introducing the catheter disappears. Cysts of the posterior bladder wall are to be distinguished from: 1. Solid (especially fatty) tumors; 2. Diverticula of the bladder of various

size; 3. Hydrocele of the seminal vesicles; 4. A union of the vasa deferentia and their formation into one cyst (Hyrtl). The author possesses several preparations of a cystic condition of the incompletely obliterated urachus. The growth of a cyst is at first slow, but the result of inflammation, of itself or of structures in the immediate vicinity, is generally: 1. To render it more adherent; and, 2. To increase the rapidity of its growth, rendering its evacuation peremptory to relieve impeded micturition and defecation. The treatment indicated is puncture of the cyst per rectum, with or without the injection of a fluid; and where this is very difficult or impossible, as in Bryant's case, an operation resembling lateral lithotomy. Though the effect of a full bladder is to push the cyst toward the rectum, its evacuation if possible per catheter is recommended as a preliminary, after which, with the hand pressing on the lower part of the abdomen, to render the cyst tense, a trocar (preferably one of large size) is pushed into the tumor. This may have to be repeatedly done. The author finally recommends one of Holt's winged catheters to be introduced through the puncture, and left in the cyst as a drain for discharge. The fatality of this operation is, in the most instances, due to inflammation of the cyst, followed by peritonitis, or the latter may precede the former event.

The Value of Fresh Air.

Dr. Le Bow, of Paris, in a recent work on Hygiene, speaking of the Hygiene Respiration, observes that typhoid fever, anæmia, typhus, and dysentery are the diseases to which those who breathe an atmosphere insufficiently renewed are predisposed. If these individuals are wounded, they are rapidly decimated by purulent infection. Of all the facts that can be cited to show the danger to human life that results from inspiring air vitiated by the products of his own respiration, especially when debilitated by disease, none is more convincing than the mortality which occurs in our hospitals, and which can only be termed frightful when compared with that of foreign hospitals, where the system always adopted by us, of immense wards containing many patients, has been completely abandoned. In comparing the mortality of patients operated on during the wars of the Crimea and of the Secession, we see from the statistics of Chenu and of Woodward, that whilst the French army lost 73 per cent. of all operations, the English army only lost 40 per cent., and the Federal only 34 per cent. In this case it might be objected that the English and American wounded were, as has elsewhere in this work been stated, well fed, whilst the French were very badly fed. Insufficient food will always increase the bad effects of imperfect aeration, and it is difficult, perhaps, to assign to each the exact part that it plays. But in the example which follows, this reason cannot be invoked, for the patients were well cared for in time of peace, and in the most renowned hospitals.

In some statistics in which M. Lefort compared those who had suffered from the same lesion, amputation of the thigh, he arrived at the following results, which he communicated in 1868 to the Society of Surgery:—

In hospital containing		100	patients	25	p.c. died.
"	"	200	"	31	"
"	"	300	"	37	"
"	"	400	"	40	"

In the hospitals of Paris there die 74 per cent.

It thus appears that the most dangerous fields of battle are less murderous than for a wounded man to take refuge in one of the hospitals of Paris, and it may well be open to question whether any advantage they afford can counterbalance a sojourn in these dangerous establishments.

On Spermatic Colic.

This curious affection deserves to be better known. M. Réliquet, as quoted in the London *Medical Record*, gives the following points of interest:—

Réliquet insists much on these facts in making the diagnosis; 1. That the first pain is produced suddenly at the time of coitus; 2. That subsequently every erection, or even every desire for coitus produces pain. They are, he says, the subjective symptoms. These combined with the objective signs, especially with the uniform swelling of the seminal vesicle, should lead to a correct diagnosis. Réliquet relates, in the *Gazette des Hôpitaux*, September 3d, 1874, the case of a hair-dresser, aged thirty-five, married, pale, thin, delicate, and exhausted-looking, who consulted the author on March 12, 1874. For several years he had often suffered, when at stool, from the emission of a small quantity of thick white liquid. For two months he had experienced pain, extending from the anus to the perinæum, on emissions during coitus or when emptying the bowels. The erect posture and walking provoked frequent micturition. Attempts to retain his urine caused acute pain and cold sweats. The pain lasted four or five minutes after urination. He lost desire to sleep. Venereal desires and erection provoked pain. During one month and a half he had passed small quantities of blood with his urine.

On March 12, a gum elastic bougie (French, No. 20) was passed easily into the bladder, but caused excessive pain in the deep part of the urethra. He was sounded for stone the next day, but no foreign body was discovered in the bladder. On examination from the rectum, the left vesicula seminalis was found swollen, hard, and smooth. It was painful on pressure. After the sounding, an attempt was made to pass the bougie once more, but the instrument was arrested at the neck of the bulb, and then withdrawn. After two or three minutes of extremely sharp cutting pains in the penis and the anus, the patient stooped down, and, emptying the bladder, expelled as many as forty small opaque white bodies, about the size of a small pin's head or a lentil. They presented

facettes and blunt angles, like prostatic calculi, but their consistence was soft, and they could be crushed between the fingers. To the naked eye, they appeared to be formed of a white homogeneous material devoid of any capsule.

After the passage of these bodies, the symptoms quickly subsided, and, on examining from the rectum on the third day, the left seminal vesicle was found of the same size as the right.

On March 27th the man had returned to his usual occupations, and only had to pass urine twice in the night.

Professor Robin, who examined the concretions, sent M. Réliquet the following report. The concretions, opaline, transparent, had a diameter of from one to two millimètres. Their substance, under the microscope, was marked by very fine and very short rectilinear striæ, parallel, closely approximated to each other. Acetic acid caused the striated condition to disappear, and rendered the substance quite translucent, and homogeneous. At the same time it demonstrated numerous spermatozoids rolled together in the concretions formerly marked by the striæ. Where the striation was absent or scarcely marked on the concretions, which were of various forms, such as M. Robin has shown in the vesiculæ seminales of many healthy individuals (Charles Robin, *Leçons sur les Humeurs*, Paris, 1874, 2d edition, p. 443), these bodies had the aspect of normal ones. They had similar reactions to acetic acid, reactions which were not only those of mucus. Their volume was enormous, compared with that of the concretions in normal vesiculæ, and their consistence a little greater. But they only represented normal corpuscles, which had accidentally attained gigantic proportions, and englobed the spermatozoids in the ordinary way.

The Question of Smoking.

In a paper on Tobacco and Public Health, Dr. Drysdale states that he has frequently seen grave evils arise from the use of Virginia and other forms of tobacco used in England. Thus, in one week in 1874, he saw two young men with almost complete loss of vision, the one from smoking about an ounce of shag daily for years, the other from chewing tobacco constantly. Dyspepsia, diarrhœa, and piles were, he conceived, often caused by the use of tobacco; and palpitation of the heart and functional disease of that organ were commonly met with in smokers, especially in young men of delicate health. Chronic smoking caused a peculiar aspect of the tongue; in some cases the organ appeared as if brushed over with nitrate of silver. Stomatitis and dusky fauces were common in smokers; smoking tended, unless great cleanliness were observed, to injure the teeth greatly; and, among the poorer classes, it was quite deplorable to see the filthy condition of mouth caused by addiction to tobacco in many instances. It was fortunate that women did not as yet use tobacco in England; for it was found, in the State tobacco factory at Iglau, in Vienna, that the female operatives who were suckling had their milk so impregnated with nicotine as to kill the infant in a large proportion of cases. Besides which, tobacco smoking contaminates the air of rooms and railway carriages, and is disagreeable to everybody, male and female, and not only to smokers. The use of tobacco favored paralysis of different kinds, paralysis agitans especially; and there could be no doubt in the minds of all who closely, and without prejudice, studied the case, that tobacco smoking was quite unlike tea or coffee; it was simply a vice, and not useful, but injurious to health.

The eminent Rev. Mr. Spurgeon has discussed, lately, another view of the subject. He says:—

I demur altogether, and most positively, to the statement that to smoke tobacco is in itself a sin. It may become so, as any other indifferent action may; but as an action it is no sin. Together with hundreds of thousands of my fellow-Christians I have smoked, and with them I am under the condemnation of living in habitual sin, if certain accusers are to be believed. As I would not knowingly live even in the smallest violation of the law of God, and sin in the transgression of the law, I will not own to sin when I am not conscious of it. There is growing up in society a Pharisaic system which adds to the commands of God the precepts of men; to that system I will not yield for an hour. The preservation of my liberty may bring upon me the upbraidings of many of the good, and the sneers of the self-righteous; but I shall endure both with serenity, so long as I feel clear in my conscience before God.

The expression 'smoking to the glory of God,' standing alone, has an ill sound, and I do not justify it; but in the sense in which I employed it I still stand to it. No Christian should do anything in which he cannot glorify God; and this may be done, according to Scripture, in eating and drinking, and the common actions of life. When I have found intense pain relieved, a weary brain soothed, and calm, refreshing sleep obtained by a cigar, I have felt grateful to God, and have blessed His name. This is what I meant, and by no means did I use sacred words triflingly. If through smoking I had wasted an hour of my time, if I had stinted my gifts to the poor, if I had rendered my mind less vigorous, I trust I should see my fault and turn from it; but he who charges me with these things shall have no answer but my forgiveness.

The Fungus of Alopecia.

M. Malassez, as quoted in the London *Medical Record*, states that this fungus, the *Microsporon Audouini*, is obtained by collecting the scales from the patches of alopecia. These scales, freed from grease, then washed in very pure absolute alcohol, and mounted in carbolic acid (1 in 100), showed unmistakable parasites made up of small spherical spores only. Three distinct types of these parasites can be made out. Those of the first type measure from 4 to 5 millimètres, have a double contour, and sometimes show buds with a simple contour; these are the large spores.

Those of the second part measure from 2 to 2.5 millimètres, have not a double contour, but may have buds; these are the small spores. Those of the third kind are less than 2 millimètres in diameter, have a single outline, and no buds; these are the sporules.

There are not any tubes, only little chains of, at the utmost, five or six spores. The spores of the first two varieties (both large and small) sometimes take the form of a more or less open C; these are the dead, empty spores, skeletons of spores. The sporules never present this appearance. The large spores and the sporules are grouped irregularly on the patches of epidermis. The small spores most frequently take the form of small chains. Finally, agglomerations or patches of these spores are observed, especially round the hair-follicles, which they surround like a border. The isolated spores are young colonies; seed sown here and there for future development. The patches are probably old centres of propagation. The spores are very seldom seen on the hair. When they are found there it is always on the surface of the shaft; they do not ever directly adhere to the hair, but to the neighboring epithelial cells. They thus form a more or less complete chain or ring round the hair, and undoubtedly take their rise from the cutaneous epidermis.

The hairs are sometimes discolored, atrophied, and brittle; but their structure is not sensibly modified, neither is the epithelium destroyed. Microscopic preparations of the skin clearly show that this parasite only locates itself in the most superficial parts of the horny layer; it frequently insinuates itself between the layers of epidermic cells which they detach mechanically in the form of scurf.

At the level of the patches of porrigo, near the orifices of the hair-follicles, the favorite habitat of the parasitic ring, the epidermis becomes considerably thickened, sometimes attaining fifteen times its normal thickness; in fact, a true *pityriasis pilaris* is developed, which interferes mechanically with the nutrition of the hair, strangles its growth, and destroys it by enlarging the follicle and producing desquamation, whence arises porrigo decalvans.

Secondary Traumatic Neuralgia.

At one of the meetings of the Medical Section of the French Association, recently held at Lille, M. Verneuil drew attention to a complication sometimes met with in wounds, which, without being very serious in its nature, yet is the cause of much suffering to the patient, and capable of delaying the process of healing. It consists in more or less severe pains felt in the wound itself and its vicinity, sometimes extending to a great distance, coming on a few days after the injury, and assuming an intermittent neuralgic character. They resist antiphlogistic and narcotic treatment, and yield readily to quinine. The pains usually come on suddenly, without obvious cause, and once developed they may become continuous or remittent, but usually take on the form of quotidian intermittent. Concurrently with these, there may be sometimes observed contractions, or a kind of powerlessness of the muscles, generally confined to the segments which are nearest the wound; as also vascular disturbances, which seem closely connected with the existence of the local pain, and which sometimes lead to the production of secondary hemorrhage. The surface of the wound sometimes retains its normal character, sometimes presents a diphtheroid aspect, and at others is the seat of phlegmonous inflammation. These changes are dependent on the neuralgia, as they very rapidly yield after the administration of the quinine. The details of the cases observed throw no light on the pathological character of any local changes that may have taken place, but they show that the production of this neuralgia is in intimate connection with the prior state of health and diathesic and moral conditions of those who become subject to it. The appreciation of these readily leads to its diagnosis and successful treatment.

The Treatment of Wounds.

At the last meeting of the British Association, Prof. Humphrey read an article on this subject. His remarks were:—

Cut surfaces seldom fail to adhere together and grow together, that is, to unite by first intention, if they be kept in apposition, however much they may have been exposed to air, as in wounds of the face, scalp, and fingers, where this may commonly be done. This, therefore, is the great desideratum. The obstacle to it is the accumulation of bloody fluid in the wound, keeping the surfaces apart, decomposing, and causing suppuration. No precautions hitherto have assured against this. Anything giving that assurance would be a most valuable discovery. The decomposition may be lessened sometimes, though not commonly prevented, by antiseptics, but fail to provide for escape by drainage. Professor Humphrey had long adopted the plan, which he had brought before the Association at the Cambridge meeting, in 1864, of approximating the edges by sutures, and leaving the wound quite uncovered and dry. No dressing being used, the pain of removing and reapplying plasters, etc., is avoided. This, combined with some antiseptic or blood-coagulator to the surface of the wound, and a space left for the escape of bloody fluid, was, he believed, the mode most likely, on the whole, to promote quick union of large deep wounds. He did not think that torsion of vessels or carbolized ligatures presented much advantage over the hemp ligature. A splint was an adjunct that might well be oftener used. He had tried the hydrate of chloral (five to eight grains to the ounce of water), and found it a valuable disinfectant, and recommended others to try it. In the case of wounds for the removal of cancer, he had for many years encouraged suppuration, and tried to retard healing, believing that this tended to delay the return of the disease. In some cases, he had inserted issues at the time of the operation or subsequently, and he thought with benefit.

He believed the administration of opiates to be generally prejudicial in the treatment of wounds.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A new edition of the "Philadelphia Medical Register and Directory" is in preparation, under the editorship of Dr. Wm. B. Atkinson, 1400 Pine street. He desires notices of changes, new institutions, etc.

——Erysipelas, its treatment with sulphate of quinine, by Dr. Y. R. Le Monnier, reprinted from the New Orleans *Medical and Surgical Journal*, November, 1874.

BOOK NOTICES.

Transactions of the Medical Society of the State of Pennsylvania at its Twenty-fifth Annual Session, May, 1874. Philadelphia, 1874. pp. 454.

This volume embraces the results of a large amount of solid labor. Without undertaking to offer at all an exhaustive analysis of its contents we shall mention a few of the passages which have struck us most forcibly in perusing its pages.

The address on tracheotomy, by Dr. Thomas M. Drysdale, is one that condenses into a few paragraphs a series of hints and instructions on this operation which one may search for elsewhere in vain. The address in obstetrics by Dr. W. B. Atkinson, has already been analyzed in the Reporter. The instruction of deaf-mutes is the theme of an interesting paper by Dr. Laurence Turnbull. Dr. O. H. Allis calls attention to a practical point in the diagnosis of obscure diseases of the hip, in regard to the relation of the limbs to each other. A new operation for ununited fracture of the tibia is described by Professor W. H. Pancoast. It is by pinning the ends of the fragments together by means of an appropriate instrument. The same writer details a new method of treating intra- and extra-capsular fractures of the femur. The article on croup, by Dr. J. Solis Cohen, will be noticed as a separate publication hereafter.

The reports from the county medical societies are tolerably full. The State seems to have been generally free from epidemics. Cerebro-spinal meningitis prevailed in a number of isolated foci. The treatment of it was various and discrepant. In Allegheny county tincture of aconite and bromide of potassium were the favorites, while in Lancaster county Dr. Herr is "altogether in favor of the quinine treatment." Dr. Palm, of Allentown, relates an instance of the abortifacient properties of *asarum canadense*, a plant apparently popular for its ectrotic qualities in his neighborhood. Dr. Jackson, of Beaver county, gives the following as the best solvent for biliary concretions, gall-stones, etc., he ever knew:—

℞. Chloroform,
Ether, āā ℥ss
Ol. terebinth, ℥j
Sacch. alb., ℥ij
Mucil. acac., ℥ij. M.
Sig. Teaspoonful three times a day.

With this a milk and vegetable diet should be used, meat and fats shunned. Dr. Thomas Lyon, of Williamsport, reports a cure of an extremely bad case of onychia maligna by means of a recipe which he saw in the Medical and Surgical Reporter, the basis of which was nitrate of lead. Dr. Hiram Corson, of Montgomery county, defends with warmth and ability the occasional use of the lancet. His conclusions are very similar to those of Dr. B. W. Richardson, of London, which are given in this number of the Reporter.

The Breath, and the Diseases which Give it a Fetid Odor. With directions for treatment. By Joseph W. Howe, M. D. New York: Appleton & Co., 1874; cloth, 12mo, pp. 108. Price $1.00.

It is hard to tell whether this book is designed for the profession or the laity; it is too technical for the latter, too primary, in parts, for the former. The contents deserve perusal, however. A bad breath is a misfortune or an indecency, and in either case it ought to be gotten rid of. The author traces it to emotion, dyspepsia, bad teeth, buccal ulcers, catarrhal disorders and mineral poisons. He gives a number of prescriptions and useful suggestions. Traces of the most inexcusable carelessness are occasionally manifest; for instance, p. 36, *Cornus Florida* is given as the botanical name of sweet flag; p. 51, *Septothric bucollis* does duty for *Leptothrix buccalis*, and the latinity of the prescriptions is very generally faulty. Such negligence is the more disagreeable in contrast with the handsome type and paper of the volume.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 7, 1874.

D. G. BRINTON, M.D., Editor.

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PHYSICAL RELATIONS OF THOUGHT.

One constantly meets, in the medical and in the semi-scientific literature of the day, such expressions as "the brain, the organ of thought," "thought, the product of the brain," "without phosphorus, there is no thought." etc. For instance, a suggestive article in the last number of the *Journal of Mental Science*, on "The Mental Aspects of Ordinary Diseases," by Dr. J. MILNER FOTHERGILL, a writer of acknowledged reputation, contains the following passage:—

"Thought is the product of the cells of the gray matter of the brain, the result of a change of form in organic matter, taken into the system as food, of which acids and other products of oxidation, of retrograde tissue-metamorphosis, are the waste. These waste products of the brain are very similar to those which are found in muscles after much functional activity; the essential product evolved being a form of force, a variety merely, the one being muscular power, the other nerve energy. That nerve energy may go to the calling out of muscular effort, an athletic feat, a brisk row, or it may take the direction of the composition of a song or essay. In either case the result is the product of the combustion of what was originally food, which is evolved again in the form of force and waste, by means of the potent alchemy of the nervous system. In that marvelous crucible, the brain, fed by the assimilative processes, matter changes its form, and in the case of Robbie Burns transmuted his oatmeal porridge into Tam O'Shanter."

While in the license of the colloquial style one might use language of this looseness, in such an article as the one we quote it from it is quite out of place. It is a hasty assumption, and a dogmatic assertion of what we are indefinitely far from being sure about.

True it is that observers have demonstrated that intellectual exertion requires the metamorphosis of force, *i. e.*, nutrition, chemical action, increase of temperature in the brain cells, and electrical excitation. Very possibly they may some time be able to express such brain action in quantivalents of other forces; but even that would tell us neither anything of the intimate

nature of thought, nor at all explain the peculiarities of its laws.

How an impression upon the periphery of a nerve becomes transformed into a *sensation*, is, as Professor Huxley remarks, "utterly unknown to us." Still less is it known what nature of process is that by which sensations, variously grouped and recalled by external chances, produce an *emotion*. Incomparably more obscure is the character of self-conscious intellection. Regarded as the result of chemical action, equal quantities of this action produce results as different as Tam O'Shanter and a tedious street song, or as Newton's generalization of the law of gravity and a jockey's successful horse trade. A wholly different measure of value must therefore be applied to thought from that applied to other forces. No imaginable quantity or quality of heat and phosphorus guarantees a *true* idea, and not a false one; for this characteristic that we call *truth* is the only test of the energy of an idea, be it in the shape of a poem, a drama, or a hypothesis.

It is well known, too, that the laws of right thinking, though well ascertained, are yet merely *purposive*, and not necessary or authoritative, as are the laws of all other forms of force concerned in brain action. Hence a science of thought in the ordinary sense of the term, that is, based on an induction of facts, becomes, and is, wholly impossible. The laws of thought are more honored in the breach than in the observance, yet their actuality cannot be questioned. Hence, again, brain action gives rise to, or leads to a sense of the presence of, a force different in quality as well as quantity from any other known to us.

There is not the faintest reason to suppose that this force (to call conscious thought by that name) is produced or aroused, *only* by cerebral action. Not a tittle of evidence in this direction has ever been adduced; and if the contrary is not known either, the prudent writer will avoid committing himself positively.

One analogy is obvious, however. While all the terrestial manifestations of the other forms of force—light, heat, electricity, magnetism, chemical action—are, we know, but infinitesimal examples, and the palest reflexes of those mighty exhibitions of them which fill and form all this universe, it were indeed a most strange exception, one entirely inadmissible unless backed by the fullest proof, to find that the highest of all force-form, thought, is confined to man! Doubtless, like all the others, it is coextensive with creation, limitless like it, and the brain merely brings the body into cognizance of it; not unlike the floating particles of matter, which, rising into a sunbeam, scatter its light and make it visible; while we, as when we look at the blackness of stellar space, we are apt to mistake that for utter darkness which is merely the perfect transparency of light, not remembering "the invisibility of the agent which renders all things visible" (Tyndall, "Dust and Disease"), are in danger of supposing the confused ideas of our own brains exhaust the Intelligence of the Universe.

Notes and Comments.

Sub-Periosteal Amputation.

Prof. Houze de l'Aulnoit, of Lille, has a late suggestion on this operation. His system of operating in cases of amputation consists in substituting for the old method an entirely new one, to which he has given the name "la Périostéotomie," which means as follows: "After the first incisions and flaps, say of a thigh, have been made by the operator, and properly retracted by the hands of an assistant, instead of the usual direction given in all surgical works and lectures, "with another sweep of the knife divide the periosteum," he advocates the dissection upward, by means of a bistoury, of the periosteum, and the formation of flaps of the same, so that when the limb has been removed these flaps can be made to form the immediate covering of the bone. Dr. Aulnoit advocates especially his system of "Périostéomie" because the periosteum having, in health, been in intimate connection with bone, becomes not only a bone protector, but also a bone-growth promoter (if I may be allowed the expression),

after such an important operation as the amputation of a limb.

Dr. Aulnoit gives interesting details of many cases from the battle-fields of the late war, as well as many others, in support of his new theory, which he is sanguine may be adopted everywhere.

Treatment of Pruritus Vulvæ.

La France Medicale gives the following recipes:—

Alum lotions may be prescribed according to the following formula:—

℞.	Alum	℥j
	Barley water	℥xvj. M.

For a lotion to be used three or four times a day M. Harding frequently employed the following:—

℞.	Corrosive sublimate	gr. xv
	Distilled water	℥iij
	Alcohol	q. s. M.

A spoonful in a glass of tepid water. Care should be taken to avoid rubbing the parts when using this lotion.

In the pruritus which so often accompanies pregnancy, Danyau employs the following:—

℞.	Oxide of zinc	℥j
	Borax	℥ss
	Simple cerate	℥ss
	Almond oil	q. s.
	Hydrochlorate of morphia	gr. iijss M.

M. Bazin prescribes this liniment:—

℞.	Lime water	
	Glycerine	āā ℥j
	Almond oil	℥ij. M.

He also advises the following formula:—

℞.	Glycerine	℥v
	Laudanum	℥j
	Essence of roses	gtt. v. M.

Cauterization of the Cavity of the Uterus.

Mr. Rawson, of Dublin, says, in the *Irish Hospital Gazette*:—I use a very simple and handy instrument in cases where I wish to cauterize the interior of the uterus. A silver catheter has the top taken off, and the edges carefully beveled slightly inward; the stilette is long enough to project about two inches; round the projecting part is carefully wrapped cotton wool, so that it can be pushed through the catheter and will not remain behind in the womb. Dr. Lombe Atthill has very clearly described how to do this (*vide* Braithwaite's Retrospect, vol. 69, p. 352). The patient lying on her back, I feel the os with the tip of my forefinger, and along this finger direct the catheter into the uterus, the cotton wool part of the stilette not reaching further than the eye of the instrument. On reaching the fundus, the stilette is pushed out while the catheter is withdrawn till it comes back to the os, when the stilette is withdrawn inside the catheter and the entire instrument removed. The cotton wool is saturated with whatever caustic I wish to use. This dispenses with the necessity of employing a speculum.

Mediæval Superstition.

The increased longevity of later times is less owing to improved therapeutics than improved hygiene. Dr. Lyon Playfair says, in a late paper read at Glasgow:—

When the Egyptian, Greek, and Roman civilizations expired, with their baths and divine maxims about ablutions and purifications, dirt reigned for a thousand years. Not a man or woman in Europe ever took a bath; hence the spotted plagues, the black deaths, the sweating sicknesses, the dancing manias, the mewing manias, and biting manias that ravaged the people and cut off, in the Middle Ages, one-fourth of the entire population. Religion came to the aid of dirt; the more filthy a saint was the more saintly he was considered. Some of the hermits never changed their clothes, and only combed their hair once a year. St. Anthony never washed his feet, and St. Thomas a'Becket's under garments acquired an additional sanctity from the vermin they contained.

Nervous diseases, the result of superstition, were frequent, and often attributed to demons. An interesting work lately published by Dr. Legué, of Paris, on the subject of possessed nuns of Loudun, aptly illustrates the words uttered by Paracelsus, when, three hundred years in advance of his time, he said, "Yet before the world comes to an end, a great number of effects now supposed to be supernatural will be explained by strictly physical causes." M. Legué shows, after studying and abstracting a number of curious documents relative to the unfortunate Ursulines of Loudun, that their confessions of demoniacal possession were simply due to peculiar forms of hysteria. The Abbess of Loudun, in particular, showed all the characteristics of the demonopathic epidemic, and whilst, according to her own account, under the sway of the devils Asmodeus and Balaam, showed the

names of Mary and Joseph in bleeding letters on the back of the left hand. Another time she asserted that she was wounded at three points of the left side, whence demons issued from her body. This book contains fresh confirmation of that principle which maintains that pathology becomes changed with the flight of time. This principle, true in regard to all diseases, is especially so in relation to epidemic nervous disturbances, which borrow a portion of their characteristics from the state of contemporary manners and beliefs. A striking proof of this assertion may be found by comparing the story of the demoniac possession at Loudun with the last epidemic of the kind at Morzine, in which his Satanic Majesty is reported to have shown himself "more reserved than he had ever previously been."

On Muscarine.

Scarcely five years ago two investigators, Drs. Oswald Schmiedeberg and Richard Kopp, of Dorpat, published the singular effects of a new alkaloid obtained from poisonous mushrooms, and especially from the *Agaricus Muscarius;* whence the name of muscarine which they have given to this poison, and which has just been the subject of a recent communication by Dr. Prevost, of Geneva, to the Société de Biologie.

This young and learned physiologist has shown that when muscarine is injected into the veins of an animal, the heart is arrested in its diastole. The action of this poison is so much the more remarkable, since in such a case the heart is not dead, nor even paralyzed, and its contractions can be aroused after several hours' silence.

The Ultimate Atoms.

M. Wurtz, in a paper on the atomic theory, at Lille, last August, says:—

It is now admitted that the atoms are not motionless, even in bodies apparently fixed and in ready-formed combinations. At the moment when these are formed the atoms rush together. In this struggle we commonly remark a disengagement of heat, result of the expenditure of force which the atoms have lost in the fight, and the intensity of this calorific phenomenon gives the measure of the energy of the affinities which have presided over the combination. But there is something in the chemical phenomena besides the intensity of the forces which are engaged, and which are exhausted more or less by the disengaged heat; there is their fashion. The atoms of different simple bodies are not gifted with the same aptitudes for combination; they are not equivalent to each other. This has been called the atomicity, and this fundamental property of atoms is doubtless connected with the different kinds of movement with which they are animated. When these atoms combine with each other their motions have need to be co-ordinated reciprocally, and this co-ordination determines the form of the new systems of equilibrium which will arise, that is, the new combinations.

The United States Medical Directory.

The *Medical Press and Circular*, Oct. 7th, of London and Dublin, says of this work a few words, which we quote as showing how important a literary event it is deemed abroad:—

"Messrs. Bailliere, Tindall & Cox have just published a large volume, royal octavo, giving names, addresses, and qualifications of the medical profession in America. This is the first medical directory that has ever been compiled for the States, and upon opening its well filled and well-arranged pages, our only surprise is that such a go-ahead race as our cousins have the credit of being should have gone on so long without so valuable a book of reference."

The Antagonism between Chloral Hydrate and Strychnia.

Dr. J. H. Bennett, of London, has been experimenting on this subject. It appears to be established from these experiments:—

1. That, after a fatal dose of strychnia, life may be saved by bringing the animal under the influence of chloral hydrate.

2. That chloral hydrate is more likely to save life after a fatal dose of strychnia than strychnia is to save life after a fatal dose of chloral hydrate.

3. That, after a dose of strychnia producing severe tetanic convulsions, these convulsions may be much reduced, both in force and frequency, by the use of chloral hydrate, and consequently much suffering saved.

4. That the extent of physiological antagonism between the two substances is so far limited, that (1) a very large fatal dose of strychnia may kill before the chloral hydrate has had time to act; or (2) so large must the dose of chloral hydrate be to antagonize an excessive

dose of strychnia, that there is danger of death from the effects of the chloral hydrate.

5. Chloral hydrate mitigates the effects of a fatal dose of strychnia by depressing the excess of reflex activity excited by that substance, while strychnia may mitigate the effects of a fatal dose of chloral hydrate by rousing the activity of the spinal cord, but it does not appear capable of removing the coma produced by the action of chloral hydrate on the brain.

It is scarcely necessary to point out the vast importance of these results to practical medicine, and the indications they afford, not only in cases of poisoning by strychnia, but in cases of tetanus and other spasmodic diseases, reflex and central.

On Nicotine.

Nicotine is the neutral principle of tobacco, and is a vascular poison above all, but also a cardiac poison. If a small dose of nicotine be injected into an animal we notice first a retardation of the heart's action, and next, augmented pressure in the vessels. If the animal be opened, the vessels are found contracted. There is, in a word, enlargement of the vaso-motor nerves, and of the vessels, and also tetanic rigidity. When there is a strong dose of nicotine, we notice the inverse: the heart's action is notably increased, and there is complete relaxation of the vessels, depending on fatigue of the muscles of the vessels; the heart's action becomes accelerated, because then nicotine acts like atropine, by paralyzing some part of the suspending system. Ordinary smokers have palpitations, or slow pulse sometimes, 48 pulses per minute, with intermittences; extravagant smokers speak of palpitations with rapid pulse, 130, 140, 150 pulsations per minute.

The Cultivation of Castor Beans.

A California letter says of this crop:—"The method of gathering and preparing for market is as follows: Every day the ripe spikes are gathered by hand, put in sacks, and hauled to the 'popping-ground,' which is a space of about an acre, made smooth and hard, like an old-fashioned buckwheat threshing ground. Here the spikes are spread, and during the day they pop open, from the heat of the sun, throwing out the beans. Each morning the straw is raked off, the beans shoveled up, cleaned in a fanning mill, and sacked, ready for market. By the time the field is once picked over it is ready for another picking, like cotton, and the season, commencing in August, is not yet over. The yield is estimated at fifteen hundred pounds per acre, worth four cents per pound, or a gross yield of $60 per acre. The expense of cultivation, etc., is estimated this year at one-half this amount, but is greater than it probably will be another season, owing to inexperience and preparing new land. There is probably no crop so easily raised that will yield so large a return."

The Eucalyptus Globulus.

The Eucalyptus is not yet obsolete. Dr. Hirsch, on the strength of nine cases in which he has tried this remedy, gives his opinion that its power is little, if at all, inferior to that of cinchona. In all the cases the diminution of the spleen in size was evident. In most of the cases three or four teaspoonfuls of the tincture succeeded in arresting the next impending paroxysm.

A captain of the French army, according to *Science pour tous*, not being able to abandon the use of tobacco for smoking, although its use caused him serious inconvenience, has for several years mixed a few dried leaves of the *eucalyptus globulus* with the portion of the *weed* which he is in the habit of using daily. Since he has employed this mixture he asserts that he has experienced neither vertigo, headache, nor pain in the stomach. He recommends this means for preventing the disagreeable effects of the pipe, without compelling the individual to renounce his old habit.

Medical Report of the Austrian Polar Expedition.

According to Képesy, the surgeon to the Austrian Polar expedition, chocolate, as a beverage, proved most valuable of all; the preserved meat and vegetables in tins being also of the greatest service in sustaining the strength and spirits. Mental anxiety, however, caused by the hourly-apprehended crushing of the *Tegethoff* by the ice-fields in which it was imbedded, so far neutralized the virtues of the victualling that scurvy and affections of the lungs set in, and yielded only to the incessant bear hunting in which the officers and crew wisely indulged, to keep the faculties, moral as well as physical, occupied. The fresh bear's meat, as a change from the preserved, had also its advantages; but several of the crew succumbed, one of them being Krisch, the able

engineer, who died of consumption, and was buried between two basalt columns in the newly-discovered land.

The Object of Medical Studies.

Sir William Gull, in his last introductory lecture, made the following pregnant remark :—

"To repeat, the end of medical studies is not to satisfy the ignorant, but to satisfy the requirements of science. I am conscious how unequal we are to this, but we need not be unequal to the duty it imposes. With all care you will find it difficult to keep the mind even to its duties under the disturbing influences which are necessarily associated with human suffering. He does well

'Who, when he is to treat
With sick folk, women, those whom passions sway,
Allows for that, and keeps his constant way.'"

Egyptian Medical Art.

From an Egyptian medical papyrus of the 16th century before Christ, lately translated by Professor Ebers, it appears that even at this remote period Egypt stood in political and commercial relations with the neighboring States of Western Asia; and the Ebers papyrus teaches us further that there already existed an interchange of thought and knowledge. Not only a vast number of medicaments procured from Asia are alluded to, but we find also *recipes* borrowed from a celebrated physician of the town of Byblos, in Phœnicia. Other *recipes* are derived from older writings, as, for instance, *The Book of the Wisdom of Men.* The typographical reproduction is the work of the printers Giesecke and Devrient.

Pure Water.

It cannot, says a recent writer, be too widely known that uncontaminated deep spring or subterranean water, so abundantly, so readily, and so cheaply obtainable from copious stores treasured up in capacious natural reservoirs, is found free from all living vegetable or animal productions, and from all putrescible organic matter. We endorse his remark that we must all hope to see the time when our towns, ceasing to be supplied with the waters of rivers or lakes, will derive their drinking-water wholly from deep springs.

In the United States altogether too little attention is paid to the character of drinking water. Not a single city, we believe, filters its water before using.

Correspondence.

Hemorrhage in Malarial Fever.

Ed. Med. and Surg. Reporter :—

I find, in the 22d of August number of the Medical and Surgical Reporter, an article in reference to Sir James Paget, M. D., who first called attention to the fact that carbonate of ammonia greatly increases the therapeutic action of iodines. I have, ever since 1859, used the following hæmostatic preparation as the *linimentum ammoniæ iodidi:* I rub iodinii ℥iij and ammonia iodidi ℥ij in a glass mortar, and gradually dissolve it in chloroform ℥x: to this I add olivæ olei ℥x, and also glycerinii ℥v, mixing the liniment well together.

The action of this iodine and chloroform liniment is soothing to the skin; in that form the iodine is prevented from evaporating, owing to the combination of chloroform and glycerine, the former being a more powerful absorbent than the latter, as recent researches have proved, and we obtain its well-known action, in whatever part of the body, when we desire a considerable degree of absorption. J. B. C. Gazzo, M. D.

Thibodeau, La.

The Introductory Lectures.

Ed. Med. and Surg. Reporter :—

As one advances in years he is less and less apt to attend introductory lectures, but the writer has been tempted to attend three during this season. The first was an introductory to the course at Jefferson College, by the newly-elected Professor, Wm. H. Pancoast, a worthy successor to his father, the great surgeon of Philadelphia; for he is truly great; no man can show such a record of successful operations in this or any other country; long may he live to enjoy his well-earned fame. His son, the young aspirant, is zealous and full of enthusiasm, and in love with his profession. He is an excellent surgeon, and the matter of his lecture was good, and well received by an immense audience. He has evidently the love of the juniors, and inside the space was filled by our most distinguished physicians and many of the foremost men of the city. The second was by Prof. Alfred Stillé, in the new hall of the University of Pennsylvania, recently completed in West Philadelphia. The room was crowded, and we noticed with much pleasure a delegation of the professors and lecturers of the rival schools of medicine, while there was also a large representation of the chief medical men of the city and many from the surrounding country. The lecturer began his discourse by a history of the movement which led the University to sell their old building to the U. S. Government for a Post-office, and then he dwelt upon the great advantages gained by the removal. He then passed to the science and art in medicine, and the importance of a true study and devotion to it, summing up the advantages in a moral, social and pecuniary reward. It was a true scholarly production and reflected

great credit on its learned author. The third lecture was by Dr. W. W. McClure, ophthalmic surgeon to Wills' and the Presbyterian Hospitals, delivered in the old lecture room in Chant street. The room was crowded to suffocation, and we noticed many of the élite of our profession and several surgeons and teachers of ophthalmology. His subject was the ophthalmoscope, its theory, history, and present use, not only as a means of diagnosis in special diseases of the eye, but its application to general medicine. The electric light was employed in the demonstrations, and the theoretical portion of the lecture was most completely illustrated by beautiful lenses, illuminated eyes, sections of diseased structures, etc, thrown upon the screen, and, altogether, it was as complete a lecture on the subject as is to be had in London, Paris, or Vienna, and reflects great credit on the lecturer.

Yours, etc., L. T.

Philadelphia, Oct. 20.

News and Miscellany.

Greek Medical Jokes.

The Attic wit, Hierocles, tells some stories of ancient Greek doctors and their patients. One of the latter, overwhelmed with gratitude for his recovery, slipped out of sight on seeing his physician approaching. "'Tis some time," said he, in explanation, "since I have been sick, and really I am ashamed to be seen by him." The next is a better example of *mauvaise honte.* A doctor gave up a Cumæan patient, who, however, recovering, shirked the doctor. To the latter's inquiry for the reason, the patient said, "Why, you said I was dying, and so I am ashamed to be alive and well." This has its counterpart in modern days, when a physician said to a conscientious consumer of his physic, "Ah! my dear sir, you deserve to be ill." Gratitude to the Greek practitioner, however, was not always a well-founded sentiment, if he resembled the Cumæan surgeon, who, operating on a patient who screamed out with pain, exchanged his knife for a blunter one. It must, we suspect, have been the same operator who, having dressed a scalp wound, laid the patient on his back, and poured water into his mouth to see if the plaster was water-tight. To another of these practitioners a patient complained that he could not lie down, nor sit, nor stand without pain. "There is nothing left for you, then," said the Greek Abernethy, "but to be—hanged."

Philadelphia County Medical Society.

A Conversational meeting of the Philadelphia County Medical Society will be held Wednesday, November 11th, at 8 o'clock, P. M. Dr. H. Lenox Hodge will read a paper; subject, Excision in hip-joint disease. All regular practitioners in the city are invited.

The American Public Health Association.

This Association meets next week, November 10th, 11th, and 12th, in this city, and should command the earnest attention of all scientific men. Free discussion of the subjects brought before it is invited from both medical and non-medical men. The evening sessions will be held in Horticultural Hall, and numerous papers will be read, of interest to educators and the public generally. Our readers will find it both pleasant and profitable to attend.

The "Man of the Fork."

The young man who swallowed a fork last winter, in Paris, for a wager, and who is known there as the "homme à la fourchette," is, according to latest accounts, doing as well as can be expected, and suffers no inconvenience from the presence of the fork in his stomach, except after a full meal, when he is obliged to bend himself a little to the left side, which position affords him relief. His health not being compromised in any way, M. Labbé, the surgeon who attends him, has resolved upon abstaining from any operative interference, at least for the present.

Items.

—Dr. George Hewston, formerly of this city, Professor of Theory and Practice of Medicine in the University of California, was, on the 9th of October, made one of the Supervisors of San Francisco, at the request of citizens who desired a man of high reputation to represent them in that important Board.

—On Friday afternoon, the 30th ult., Mr. J. Toole, the comedian, assisted by the English members of his company, generously gave an entertainment at the Insane Department of the Philadelphia Hospital, for the amusement of the unfortunate inmates and their attendants.

MARRIAGES.

BURNS—CORSON.—On October 29th, 1874, by the Rev. B. Villiger, of the Church of the Holy Family, Wm. A. Burns, M. D. and Mamie F., youngest daughter of Captain Stilwell Corson, all of this city.

DEATHS.

MORONG.—On 30th of October, 1874, of yellow fever, Dr. Joseph F. Morong, Jr., aged 27 years, son of Dr. J. C. and Mrs. E. Morong, Philadelphia; was taken with a sudden attack of yellow fever, in Charleston, S. C., and died within twelve hours.

MACKIE.—In New Bedford, Mass., October 9th, of membranous croup, John Bradford, aged 5 years, and on October 27th, George Henry, aged 12 years and 11 months, oldest and youngest children of Dr. John H. Mackie, of that city.

KNAPP.—In the Marine Hospital, at Pensacola, 5th of August, of yellow fever, Moses Long Knapp, student of medicine, only son of Dr. M. L. Knapp, of Cadereyta, Mexico, aged 20 years. He was preparing to attend lectures in Jefferson Medical College the approaching session.

THURMAN.—At Cedarville, Mo., on Sunday, the 4th inst., of dysentery, Alice Orbal, only son of Dr. John L., and E. L. Thurman, aged 14 months and 26 days.

THE

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Original Department.

Communications.

OPIUM *VS.* BELLADONNA, WITH CASES OF POISONING,

In three separate classes, comprising those cases of opium poisoning treated with, and those treated without belladonna; also, of belladonna poisoning treated with opium.

BY T. CURTIS SMITH, M. D.,

Of Middleport, Ohio.

[Read before the Ohio Valley Medical Association, and requested to be published.]

(*Continued from No. 923.*)

Before analyzing my own table, I wish to refer to the table of R. H. Fitz, who offered a tabulated statement of cases treated with and without belladonna, and of belladonna poisoning, as a thesis, to Harvard University, which was published in the Boston *Medical and Surgical Journal*. This includes published cases from 1809 to 1866, from which latter date this table begins. He gives seventy-four cases of opium poisoning with fifty-nine recoveries and fifteen deaths, a death rate of $20\frac{9}{17}$ per cent. These were cases treated without belladona.

He gives seventeen cases treated more or less with belladonna; recoveries thirteen, deaths four, a death rate of $23\frac{9}{17}$ per cent., or greater than without belladonna. This can, to some extent, be accounted for by its including some cases where every other means had failed before belladonna was resorted to. He also gives seventeen cases of poisoning by belladonna; of these fifteen recovered, two died, a death rate of $11\frac{1}{17}$ per cent. These were treated without opium. He further gives thirteen cases of belladonna poisoning treated with opium. Of these twelve recovered, one died, death rate $8\frac{1}{3}$ per cent.

In our table, it is clear to my mind that in thirty of the cases collected, belladonna was very valuable in their treatment, being the only means, or nearly the only means relied upon in their management. It is also apparent that in fifteen of the cases it proved very valuable in conjunction with other means. While in six cases it failed entirely. This leaves us about one-third of the cases where the belladonna treatment was so mixed up with other plans and means used, that it becomes at once difficult to state how much benefit may be attributed to the one or the other.

Of the seventy-four cases, but four died, a death rate of $5\frac{15}{17}$ per cent., a difference in favor of the belladonna treatment of nearly fifteen per cent. over the results shown by Dr. Fitz's table of cases. No doubt a part of this favorable appearance is given by the publication of cases that resulted favorably, while some not so resulting are left in dark oblivion, hence we cannot more than approximate correctness in this matter.

In the table of opium poisoning, where belladonna was not used, one case is reported where that agent was given, when the patient was virtually dead, the chief treatment consisting of ammonia and croton oil. Of the eleven cases reported, three died, or a mortality rate of $27\frac{3}{11}$ per cent. This number is too small to draw any conclusions from, but taken in connection with Dr. Fitz's table, is sufficient to show the mortality rate to be higher than in those cases where belladonna was used freely.

In the table of cases of belladonna poisoning,

it is very apparent that the opium treatment was of the greatest value, and about the only treatment used in fifteen of the thirty-two cases, and that it was proven to be efficient in six of the cases where used in conjunction with other means. Also that it failed in four cases, or at least three cases (one case claimed where it was not efficiently used), while in six other cases its benefits were doubtful. Of the thirty-two cases, five died, but in one case there was no treatment of any kind instituted, hence it is just not to count it in the list of cases treated with opium. In still another case (No 10), no opium was used, so that it was only resorted to in thirty of the cases collected (these two cases really should be left entirely out, but they will stand as examples, where no treatment was used, or where opium was not used).

The table then shows really thirty cases where opium was used, of these, there were four deaths, a mortality rate of 13⅓ per cent. Taking the thirty cases in the first table of opium poisoning, and the fifteen cases in the last table, where no or little other means was used in their treatment, than the one drug to antagonize the other, we have forty-five cases from which to draw conclusions as to their real value, in antagonizing each other. While from the others we may infer, for the most part, the relative value of this plan of treatment.

For myself, I look upon belladonna as one of our best resources in the treatment of opium poisoning and vice versa, but would not consider it wise or proper to avoid the use of other known valuable means of treatment, as coffee, sinapisms, frictions, artificial respiration, electricity, etc. Certain it is that there is a strong opposing influence between the two, else a lethal dose of one could not permit recovery under the use of the other without other aid, as some of the collected cases will plainly show.

CASES OF OPIUM POISONING TREATED WITH BELLADONNA.

Case 1.—1866, female, adult. Took tr. opii., amount not known, says thirty cents' worth, at half-past eleven P. M. Symptoms.—Stupor profound; pupils contracted, small; convulsions; respiration irregular and imperfect; eyeballs everted; pulse 68, full and hard. Treatment.—Gave ext. belladonna, one grain; in half an hour two drops of fl. ext.; repeated several times at same interval. At 1.30 A. M. respiration better, pulse 70, strong; convulsions less frequent. At 2.45 A. M., partially conscious; doses repeated at 3, 4, and 5 A. M.; became conscious; throat and tongue dry; could not speak, but wrote. Improvement continued to recovery. Amount of belladonna given, ext. one grain, fl. ext. twenty-two drops. Recovered. Page 597, Cincinnati *Lancet and Observer*. Service of Dr. White, Commercial Hospital.

Case 2.—1867, female, aged 39. Took tr. opii, three drachms, at 10.23 A. M. Symptoms.—Scarcely sensible at 10.38; skin cold, pulse small and frequent, respiration shallow, pupils firmly contracted. Treatment.—Zinc sulph., strong coffee; walked about; at 2.30 P. M. enema of turpentine and oil, sinapism; tr. belladonna, ten minims, every thirty minutes; coffee continued; 6.30 P. M., pupils dilated, acting slowly; belladonna continued for five doses; bowels open; roused frequently. Next day perspires freely, pupils respond, tongue dry, furred; thirsty, throat dry, no appetite, bowels open, pulse 72; given tonics and stimulants; convalescent. Recovered. Radcliffe, *Lancet*, 1867. Braithwaite, Ret. 1868.

Case 3.—1867, female, aged 60. Took tr. opii., six pennyworths, nearly one ounce. Taken at 11.30 P. M., seen at 11.15 A. M. next day. Symptoms.—Was insensible; skin cold; pupils contracted; pulse feeble; respiration shallow; chest and abdomen immovable. Treatment.—Emetic of mustard and water, per stomach pump; enema of strong coffee; shaking and flapping with cold cloths. 2 P. M., enema, turp. and ol. ricini., sinapism to epigastrium; ten minims tr. belladonna every thirty minutes; drowsy next day; thirsty, and throat very dry; pupils dilated; after nineteen doses tr. belladonna, gradual improvement next two days; put on tonics; convalescent on third day. Recovered. Radcliffe, *Lancet*, 1867; Braithwaite, 1868.

Case 4.—1867, female, adult. Took morphia, quantity unknown. Subject "a nymph du pave" and a morphia eater, often taking at once sixteen grains. How long taken not stated. Symptoms.—Found comatose; respiration stertorous; pulse small, feeble; pupils contracted; jaws firmly set; extremities cold; deglutition impossible. Treatment.—Sol. atropia, two grains to one ounce, hypodermically, exact amount not stated. Became conscious after an hour, then gave six grains of solid extract belladonna, in two parts, two hours apart: no other treatment mentioned. Recovered. Jas.

T. Newman, Chicago *Medical Journal*, November, 1867; Compendium of Medical Science, January, 1868, p. 22.

Case 5.—1868, female, aged 38. Had Magendie's solution, fifteen minims, hypodermically. Soon after giving the dose, was summoned. Symptoms.—Found patient's lips purple, respirations seven per minute, no pulse at wrist, but one sound at heart, pupils contracted to a point, frothing at mouth, extremities cold, could not swallow. Treatment.—Artificial respiration for an hour; all respiration for a time ceased. Gave atropia, one-sixtieth grain. No signs of life now, but in fifteen minutes pupils began to dilate, in ten minutes more to breathe, and soon rose to twelve respirations per minute. In a half hour repeated atropia; consciousness returned in fifty minutes. Total time unconscious, two hours and a half. Recovered. *Med. Record*, Aug. 15, 1868; *Amer. Jour. Med. Science*, Jan. 1869, p. 287. By M. S. Buttles and Prof. Budd.

Case 6.—1868, male, aged 40. Took thirty grains gum opii. Seen thirty minutes after taking dose. Stout, muscular man; resisted all efforts at treatment for one hour. Emetic zinci sulph., mustard, tartar emetic, lobelia, tepid water, but no emesis for one or two hours, nor till after atropia was used, of which one-eighth of a grain was given. Now profoundly narcotized. In thirty minutes atropia repeated. In thirty minutes pupils respond. Pulse changed from 50 or 60 to 140. Could now be roused; vomited freely; flagellated with cold towel and walked. Two hours later narcotism increased, but with flagellation, walking, etc., he gradually recovered. This patient had also taken ten to twelve ounces of whisky at time of taking the opium. J. P. McGee, Trenton, Tenn., *Amer. Jour. Med. Science*, July, 1869, p. 282.

Case 7.—1868, male, aged 50. Took Magendie's solution, ten drachms, two and a half to three hours before seen. Was given an emetic in thirty minutes after taking, which acted. Symptoms.–Found him convulsed, pulse scarcely perceptible, respiration impeded, pupils contracted, unconscious, but could be aroused. Treatment.—Gave atropia, one grain, water, one drachm, of this thirty drops hypodermically, coffee, brandy, heat to feet. In half an hour, pulse full, pupils dilated, convulsions ceased, said he felt better, gradually convalesced. Recovered. C. M. Moffit, Compendium of Medical Science, January, 1869, p. 69.

Case 8.—1868, male, aged 50. Took tr. opii, one-half ounce. Treatment.— Atropia one-twelfth grain, and in a half hour one twenty-fourth of a grain more. Emetics failed to act, patient in critical condition from collapse. Treated by Dr. Samuel Frank. Recovered. C. M. Moffit, Compendium of Medical Science. Loc. cit.

Case 9.—1868, female, aged 39. Took tr. opii, three drachms, at 10.15 A. M. Treatment at 10.30 A. M. Symptoms.—Scarcely sensible, skin very cold, pulse small, a little frequent, respiration shallow, pupils contracted, is sleepy. Treatment.—Emetic, sulph. zinc, after which, strong coffee; walked. 2.30 P. M, turp. enema, with oil; sinapisms; tr. belladonna, ten minims, every thirty minutes. 6.30, pupils slightly dilated, belladonna repeated every one and a half hours for five doses; bowels moved; belladonna repeated with gentian every four hours till next day; gradually convalesced. Recovered. Lon. *Lancet*, from Hosp. Rep., given by Compendium of Medical Science, January, 1869, p 25.

Case 10.—1868, female, aged 60. Took tr. opii, nearly ℥j, twelve hours before commencement of treatment. Symptoms.—At 11.15 A. M. insensible; aroused by shaking; skin cold; pupils contracted; pulse feeble; respiration shallow. Treatment.—Emetic given per stom. pump, and enema of coffee; kept awake by shaking and cold flappings. 2 P. M., enema of turp. and oil; sinapism over stomach; tr. belladonna, minims x every thirty minutes; continued to full effect; tonics and stimulants afterward; gradually recovered. Loc. cit.

Case 11.—1868, female, aged 5 weeks. Took tr. opii, ℥¼, three to four hours before treatment. Symptoms.—The babe seemed almost dead; pulse and respiration quite ceased; skin dark purple hue. Treatment.—Tr. belladonna, gtts. xv every fifteen minutes, till he thought it equal to opium taken; gave oil and nauseants; child kept aroused. At end of twelve hours vomited, and bowels moved, then consciousness slowly returned; gradual convalescence. Loc cit. Treated by Dr. Reynolds, of Houlton, Pa.

Case 12.—1869, male, aged 32. Took paregoric, several large doses, and tr. opii, ℥j, at 10 A. M., four hours before treatment began. Symptoms. At 2 P. M., insensible; respirations 7 per minute; stertorous; face livid; one pupil dilated largely, the other contracted, fixed; deglutition impossible; pulse, 50; feeble. Treat-

ment. Galvanism for half an hour; no effect; then atropia, one forty-eighth grain, repeated in twenty minutes; seemed better in fifteen minutes; atropia again in thirty minutes, after which there was rapid improvement. At 6 P. M. could swallow and speak. No other treatment used. Was discharged well, next morning. Med. Arch., per Comp. Med. Science, July, 1869, p. 77. Treated by E. A. Clark, M. D.

Case 13.—1869, female, adult. Had Magendie's sol. hypodermically, six minims or more. Treatment soon afterwards. Symptoms.—In a short period after the injection she became comatose; livid; respiration stertorous; pupils contracted; insensibility complete. Treatment.—Atropia ¼ gr., hypodermically. This was followed by all the symptoms of belladonna poisoning, which lasted acutely for several hours, and from which complete recovery did not take place for several days; no other treatment except stimulants. Recovered. Benj. J. Wilson, *Compendium Medical Science*, July 1869, p. 79, from *Journal Materia Medica*.

Case 14.—1869, female, aged 45. Took pulv. opii, fifteen grains, over two hours before treatment began. Found her with the usual symptoms of opium poisoning. Treatment.—Emetic of zinci sulph., which acted; after which fluid extract belladonnæ, twenty gtts. every half hour; walked; in six hours stupor profound; galvanism; soon the belladonna began to produce its effect; pupils dilated, etc.; no effect from galvanism; slept six or eight hours; total belladonnæ one hundred and twenty gtts. Recovered. M. P. Barker, M. D., Medical and Surgical Reporter, February 20, 1869; *Compendium Medical Science*, p. 79.

Case 15.—1869, male, aged three months. Took tinct. opii, dose not known; time not stated. Symptoms. Found deep coma; skin pale; lips and alæ nasi livid; muscles relaxed; respiration slow, labored, stertorous; pupils contracted; heart acting feebly. Treatment.—Tr. belladonnæ six gtts.; cold dash; sinapisms to the extremities; occasional artificial respiration; repeated belladonna in forty minutes; soon better; three drops in two hours; ice to spine; three drops again in two hours; pupils dilated; better otherwise; well next day. Recovered. Dr. Krecker, Cressona, loc. cit.; Dr. J. G. Kœler, council.

Case 16.—1869, aged eight months. Took morphia, one grain, at noon; seen at 5 P. M. Had all the symptoms of severe opium poisoning. Treatment.—Stripped the child; applied cold douche to spine, head, and epigastrium; gave tincture of belladonna liberally; seemed for a time to revive it; pupils rapidly and largely dilated under the belladonna. Died at 6 P. M., one hour after first seen. J. P. Chesney, M. D., of New Market, Mo. Leavenworth *Medical Herald*, per Compendium of Medical Science, January, 1870, p. 162.

Case 17.—1869, male, adult. Took morphia six grains; time not stated. At 5 P. M. narcotism apparent, strong coffee soon after taking; was able to converse at 5 o'clock. Treatment. Gave atropia one quarter grain; at 5½ o'clock gave one-tenth grain more; at 6 o'clock strongly disposed to sleep; would walk with help; pulse 120; respiration not very slow; pupils still contracted. At 7 o'clock narcotism quite complete; respiration stopped when not roused; deglutition impossible; face livid; conjunctiva injected; pupils less contracted. At 8 o'clock general symptoms unchanged; violent shaking; smart blows; pupils now natural size. Recovery probable; not positively stated. Buffalo *Medical and Surgical Journal*, November, 1869, per Compendium of Medical Science, January, 1869, p. 162.

Case 18.—1869, female, adult. Took morphia two grains, hypodermically; symptoms of narcotism in less than five minutes; given at 3 P. M. In ten minutes case alarming; pulse 30; respirations, ten; profound coma; pupils contracted; deglutition impossible. Treatment.—Atropia one-sixteenth grain, hypodermically; repeated in a few minutes; in five minutes some improvement; atropia repeated; in fifteen minutes symptoms abated; pupils dilated; by 10 P. M. was comfortable, but feeble; next morning was well; no other treatment used. G. R. Patton, *Lancet and Observer*, per Trans. Ohio State Med. Soc., 1871, p. 86.

Case 19.—1870; aged 2 years. Took tincture opii, amount not known, time not stated. When seen, "prognosis almost positively fatal." Treatment. Tincture belladonna, gtts. xv. every twenty minutes, for four doses. "Soon after fourth dose, exhibited every sign of belladonna intoxication." Medicine discontinued, and child soon well. "No disagreeable sequellæ occurred." C. C. Lee, Trans. Ohio State Medical Society for 1871, page 86.

Case 20.—1870; aged 4 months. Took tr. opii, minims xlv, one hour before treatment began, two hours before use of belladonna.

Symptoms.—No emesis effected; child comatose, but could swallow; surface cold; pallid; respiration slow; pulse feeble; pupils contracted. Treatment.—Tr. belladonna, gtts. xv, repeated three times, at intervals of fifteen minutes. In thirty minutes after last dose, marked improvement. Dose repeated; quite well next morning. J. A. Little, of Delaware, Ohio; Trans. Ohio State Med. Soc., 1871, p. 84.

Case 21.—1870; adult. Took morphia, grs. xlv; time before seen not stated. Symptoms not given. Treatment.—In course of five or six hours, 50 grs. ext. belladonna was given, with other remedies not named. Patient "next day well." Dr. Little, loc. cit., p. 88.

Case 22.—1867; female, adult. Took morphia, five grains, six hours before seen. Had all the symptoms of opium poisoning. Treatment. Cold to head, face, and chest; shaking; tr. belladonna, ʒj, every thirty minutes for two hours, after which recovered. J. L. Prentiss, Amer. Jour. Med. Sci., April, 1867, page 565.

Case 23.—1870; male, adult. Took opium, twelve grains. Had all the symptoms of severe opium poisoning; pulse, 110; weak; respiration, 6 to 3. Treatment.—Atropia, one-twenty-fourth grain, at two injections. Recovered. T. Griffin, Chirurg.-Med. Exam., Aug., 1870, per Comp. Med. Sci., Jan., 1871, p. 32.

Case 24.—1874; female; adult. Took tincture opii, ʒj, at 9 P. M.; seen at 10½ P. M. Treatment. First "tried all the usual means known, but without any effect." Then gave fluid extract belladonna, ʒss. Symptoms at once improved, but seemed, later, to be in danger from the belladonna However, was safe by 3 A. M. Recovered. Manfelde, Medical and Surgical Reporter, 1871, vol. xxiv, page 479.

Case 25.—1871; infant. Not stated. Treated with belladonna alone. Recovered. Same as above.

Case 26.—1871; male, aged 21. Took tincture opii, half ounce, and pulverized opium, ʒj. Found thoroughly narcotized. Treatment.—Tincture belladonna, ʒj; strong coffee; large doses of emetic; finally vomited; flagellation; dragging; cold; coffee and belladonna freely. Gradual improvement, after many hours' treatment. Recovered. F. H. Roofe, Medical and Surgical Reporter, 1871, vol. xxiv, page 390.

Case 27.—1871; aged 6 months. Took powders of morphia and opium at 1 P. M; seen at 5 P. M. Symptoms of severe opium poisoning. Treatment. Flagellation; ammonia to nostrils; cold showering; pricking, etc. These failed; then used alternate warm and cold baths; little effect; then gave belladonna, gtts. 50, every fifteen minutes, for three doses. This, as soon as absorbed, seemed to place the child out of danger. Recovered. W. G. Binkle, Medical and Surgical Reporter, 1871, vol. xxv, page 513.

Case 28.—1871; female, adult. Took tincture opii, one ounce, at 5 A. M.; seen at 10 A. M. Thoroughly narcotized; had vomited; symptoms well marked. Treatment. Emetic, acted freely; took, altogether, one-sixtieth grain of atropia. Slept soundly till 12 P. M. Gradual recovery. D. G. Bucklin, New York Medical Journal, October, 1871, page 400.

Case 29.—1871; adult. Took pills of opium and gum camphor, grains 1 to 2. Symptoms of profound poisoning. Treatment. Used every means except electricity, but "critical collapse ensued." Then gave ten minims Flemming's solution of atropia, repeated twice, at thirty minutes' interval; before time for fourth dose, improved; gradually rallied. Recovered. Bucklin, same as above.

Case 30.—1871; adult. Took tincture of opium, one ounce, at bedtime; seen next evening, at 5.30. Narcotism delayed about twenty hours. Treatment. Galvanism (*belladonna seemed to increase the narcotism*) for five and a half hours; poles tied to hands; enema of beef tea and brandy every three hours. Recovered. Dr. Martin, Gynæcological Journal, July, 1871.

Case 31.—1871; female, adult. Took morphia, nine hours before seen. Extreme symptoms of opium poisoning. All efforts had failed. Treatment. Gave atropia, one-fifteenth of a grain; sinapism to nape, chest, and feet; pupils well dilated in twenty minutes; was kept partially conscious by shaking; used, latterly, electricity. Gradually recovered. H. R. Mills, Compendium of Medical Science, July, 1872, page 224.

Case 32.—1872; female, aged 15. Took tincture opii, concentrated, equal to six to eight grains pulverized opium. Symptoms. Found complete coma; pupils contracted, fixed; respiration stertorous; pulse full, slow, and labored; insensible; face livid; deglutition difficult. Treatment. Emetic of mustard, ipecac, warm water; no emesis; gave, hypodermically, grains 1½ alc. extract belladonna; pupils di-

lated; symptoms better; copious emesis followed soon. Gradual convalescence. Recovered. Hasford Walker, M. D., loc. cit., page 225.

Case 33.—1872, female, aged 33. Took morphia, amount not stated; seen four hours afterwards. Symptoms.—Found face livid, no pulse at wrist, heart very feeble, respiration six, pupils contracted, surface cold. Treatment.—Considered the case hopeless, but gave atropia, one-forty-eighth of a grain, hypodermically; repeated in half hour; better after first dose; conscious ten minutes after second dose; rapid recovery. Dr. Buechner, Youngstown, Ohio, loc. cit., p. 227.

Cases 34 to 39.—1872. Took laudanum or morphia. T. LeMaddin, before the Tennessee State Medical Society, reports six successful cases, three adults and three infants. Treated with belladonna; all recovered, though the dose of tinct. opium were from one-half to one ounce for former, and very large for the infants. Compendium of Medical Science, July, 1872, page 226. See Nashville *Journal of Medicine*, May, 1872.

Case 40.—1872. Took morphia by injection. Dr. Leyman also related a case of recovery under atropia treatment. I have not the history of these cases. Recovered. Dr. Leyman, loc. cit., Boston *Medical and Surgical Journal*, February 1, 1872.

Case 41.—1872, female, adult. Took tr. opii, two ounces. A lady of melancholy spirits bought a two-ounce vial of laudanum, and took the whole. Drs. Brown and Stockwell were associated in this case. This is the first case he knew where a patient recovered when under its influence so long. He attributes the saving of this woman to the injection of atropia. Recovered. Dr. Murdock's report before Central New York Medical Society, in Medical and Surgical Reporter, Vol. xxvi, page 53.

Case 42.—1870; aged 13 months. Took tincture opii, ʒvj, three hours before treatment. Symptoms.—Child perfectly comatose; pupils contracted; respiration slow, stertorous; pulse scarcely perceptible; skin cool, clammy; face pallid; symptoms of approaching death. Treatment. Emetic of ipecac, sulph. zinc; warm water in a stream to back of head; no emesis; gave aromatic spirits ammonia and strong coffee, per rectum, all to no purpose; alternate warm and cold baths caused a faint cry. This treatment continued more than two hours; then artificial respiration; no improvement. Then gave tincture of belladonna, gtts. xv, repeated in fifteen minutes; again in ten minutes, after which effect noticed; after fourth dose, gradual improvement; child had been kept in motion; friction, flagellation, etc. Recovered. M. M. Alexander, Knoxville, Tennessee, Compendium of Medical Science, January, 1873, page 35.

Case 43.—1872; aged 7 months. Took morphia, grains 2. Symptoms. Found in a state of profound coma; complete anæsthesia; livid; cold; pupils contracted; no perceivable circulation in extremities; respirations two to four, stertorous. Treatment. Solution belladonna, per enema, until the equal of ten grains had been given. Rapid recovery. R. D. Bone, Nashville Journal Medicine and Surgery, for August, 1872.

Case 44.—1872. Took tincture opii, amount not stated. Symptoms not given. Treatment.—Belladonna thrown into the stomach. Recovered. N. G. M. Walker, Abstract, 1873.

Case 45.—1872; male, aged 65 years. Took morphia, grains 1¼; opii, grains 1¼, in divided portions. Narcotism delayed twenty-four hours, at least; then symptoms of opium poisoning complete. Treatment. Emesis; cold dash; walked, shook, etc., from 1 to 7 P. M.; then gave atropia, hypodermically, as follows:

℞.	Atropia,	grs.j
	Acid acet.,	gtts viij
	Aquæ,	ʒj.

Of this, minims vij at 9 P. M., minims viij at 12.49 A. M., minims x at 3.13 A. M., minims x at 8.52 A. M., minims xij at 10 A. M., minims xij at 11.08 A. M., minims xij at 12 M., minims xij repeated at 1, 2, and 3 P. M., also at 4.09, and at 5.50 P. M. During all this time jerking, rolling, etc., and enema of nourishment and stimulants. Seems better at 5 to 6 A. M. next day; dies at 5 P. M. Between one-quarter and one-third grains atropia used. R. F. Brooks, Carthage, Mo., Medical Record, August 9, 1873. Comments by H. C. Wood.

Case 46.—1869; female, aged 24. Took morphia, grains twelve and a half. Complete narcotism. Treatment. Emetic; counter-irritants; coffee; brandy; extract belladonna, ʒss every half-hour till ʒij were given. Gradual improvement followed. Recovered. B. F. Barnes, Taylorsville, Illinois; Medical and Surgical Reporter, vol. xxviii, page 415.

Case 47.—1870; female, adult. Took tincture opii, three ounces; seen three hours after taking. Found complete narcotism. Treatment.

—Emetic, but it failed; fluid extract belladonna, gtts. xxv, every twenty minutes for two hours, then lessened to gtts. x, for an hour longer. In half-hour from this time, improvement. Recovered. Same as above.

Case 48.—1872; male, aged 40. Took tincture opii, one ounce, at 4 P. M.; seen at 5 P. M. Taken on empty stomach. Found him with well-marked and severe symptoms of opium poisoning. Treatment. Mustard; strong coffee; emetics; but no emesis resulted. Then gave fluid extract belladonna, ʒj, repeated in ten minutes, after which, free emesis; fluid extract belladonna, ʒj at 6½ and 8 P.M.; condition critical; belladonna having effect; stimulants, frictions, movements, etc.; at 11½ P. M., better, having given liquid ammonia, ℥ij, whisky, ℥vj, per rectum. Gradual recovery. H. L. W. Burritt, Bridgeport, Connecticut; Medical and Surgical Reporter, vol. xxviii, page 316.

Case 49.—1872; male, adult. Took tincture opii, ten drachms; seen immediately. Followed promptly by profound symptoms of opium poisoning. Treatment. Emetics, but no action from them; was walked; shaken; cold douche often; counter-irritants; electricity; finally resorted to atropia. At 11 P. M., four hours after taking, case seemed hopeless; pupils then widely dilated. Gave repeated injections, hypodermically, of whisky,* ʒj; atropia; electricity; shaking; rolling; sinapism; continued till next day at 9 A. M.; rational at 10 A. M. Gradual recovery. J. S. Todd; American Journal of the Medical Sciences, January, 1873, page 131. Assisted by Drs. McMiller and Henderson.

Case 50.—1872, female, aged 35. Took fourteen drops, of a sol. morphia, one grain to one drachm, given at 9 A. M. Followed by immediate prostration, from which she was roused by shaking, and conversed rationally; this was followed by symptoms of narcotism. Treatment. Turpentine enema, six drachms, but did not move bowels; coffee, constant rousing, and forced respiration; vomited occasionally; brandy and coffee probably vomited up; constant rousing required; at 1½ A. M. the symptoms greatly increased in gravity; gave atropia, one-eightieth of a grain, hypodermically; perceptible improvement followed; repeated at 2 and 2½ A. M.; at 3 gave one-sixtieth of a grain; after this decided improvement. Recovered. H. C. Wood, *American Journal of Medical Science*, April, 1873, reported by Spencer, Davis and Eshleman, of the Philadelphia Hospital.

Case 51.—1872, female, aged 19. Took tincture opii, two ounces; seen three hours after taking. Well marked symptoms. Treatment.—Emetic; copious emesis; infusion of tannin, followed by tincture belladonna thirty drops; repeated twice in fifteen minutes; cup of strong tea and brandy; symptoms increasing, gave one drachm of tincture belladonna and turpentine enema; electricity; sinapisms; flagellation; five hours elapsed; belladonna thirty drops every thirty minutes; gradual improvement. Recovered. Same, reported by James White.

Case 52.—1872, male, adult. Took morphia acet. six grains, g. opii three grains, at bedtime; seen at 5 A. M. next day. Profound coma. Treatment.—Without pursuing any other treatment whatever, gave, in divided doses, within half an hour, two and a half teaspoonfuls of officinal tincture belladonna; semi-conscious in one hour; in four hours completely so. Recovered. Same, reported by J. E. Garretson.

Case 53.—1872, male, aged 45. Took tincture opii, six drachms, an hour before seen. Narcotized. Failed to induce vomiting; respirations fell to six in one and one-half hours; gave eight grains extract belladonna in next four hours; respiration kept up by cold douche; at the end of four hours the pupils began to dilate; respiration better; vomited freely; recovered rapidly after this. Same, reported by M. D. Knight.

Case 54.—1872, male, aged 33. Took tincture opii, one-half ounce, and one hour later morphia, one-quarter grain, hypodermically; repeated in ten minutes. The last dose followed at once by profound sleep; some hours afterwards found symptoms of severe opium poisoning. Treatment. — Extract belladonna one grain every twenty minutes, and two grains were at once injected into leg, six to eight grains given in all; at end of three hours better. Recovered. Same, reported by same.

Case 55.—1873, male, aged 55. Took morphia, ten to twenty grains; seen five hours after taking. Considered patient moribund. Treatment.—Artificial respiration; cold douche; rubbing with mustard; sinapisms; gave extract belladonna, ten grains, in each arm,

* The whisky, in this case, seemed of the greatest benefit, the pulse rising in frequency and fullness immediately after giving it, hypodermically.

also coffee by hypodermic syringe at every available point, followed by stimulants, coffee by stomach, etc.; gradual recovery; little if any effect from the belladonna noted. J. B. Garrison, Medical and Surgical Reporter, vol. 30, p. 111.

Case 56.—1874; male, aged 54. Took morphia, grains 12; seen two hours after taking. Symptoms of poisoning well marked. Treatment.—Cold douche; atropia, one twenty-fifth of a grain, hypodermically, repeated in fifteen, and again in thirty minutes; applied heat; atropia repeated in forty-five minutes. After this, gradual improvement. Recovered. H. Wardner, Compendium of Medical Science, July, 1874.

Case 57.—1874; female, adult. Took morphia, grains 7. Treatment in all respects same as in the above case, except less atropia given, viz., one-eighth grain. Recovered. Same.

Case 58.—1874; male, aged 40. Took morphia, grains 7, in solution, on empty stomach; seen in one and a half hours. Symptoms of extreme poisoning by morphia. Treatment.—Emetic; slight action; flagellation; pinching; dragging; atropia, one-forty-eighth of a grain, repeated in a half-hour, but little effect from it [quantity too small. S.]; then electricity strongly, poles over medulla and spine, and over the vagi, phrenic nerves, and diaphragm, by which artificial respiration was effected; emesis, later; liquor ammonia, in ten minim doses, at short intervals. In seven and a half hours, patient considered safe. Recovered. Geo. M. Schweig, New York Medical Journal for March, 1874.

Case 59.—1874; male, adult. Took morphia, grains six to seven. Symptoms of extreme poisoning. Treatment of this case essentially the same as the one above, except more atropia given. It must be read, as published, to be appreciated. Recovered. J. D. Trask, New York Medical Journal for August, 1874.

Case 60.—1874, infant. Took Winslow's soothing syrup, five drachms, in the morning; seen in the evening. Found all the symptoms of opium poisoning well marked. Treatment.—Used warm bath, then large sinapism over chest and abdomen, followed by an extensive belladonna plaster, flagellation, shaking, etc.; as soon as able gave it strong coffee to its fill. Recovered. E. C. Fisher, Clifton, W. Va.

Case 61.—1874, infant. Took Winslow's soothing syrup, two drachms. Symptoms and treatment same as in above case. Recovered. Loc. cit.

Case 62.—1863, infant. Took tr. opii, fifteen drops. Symptoms.—Found child apparently dead; heart feeble, no pulse at wrist, extremities cold, congested with venous blood, pupils contracted. Diagnosis, opium poisoning. Treatment.—Gave three minims of fluid extract belladonna, per rectum, and one minim on its tongue; carried it out and let the rain fall on its face; soon a sighing respiration; in an hour respiration six per minute; used friction towards heart; pupils dilated in first hour; gradual improvement; respiration normal in eight hours. Recovered. A. L. Knight, West Columbia, W. Va.

Case 63.—1863, male, adult. Took morphia, quantity not known, probably five grains, for relief of sciatica. Well-marked symptoms of poisoning. Treatment—Fluid extract belladonna, per rectum; no effect from it observable. Patient died apparently from effects of morphia taken. This was a feeble sciatic patient. Loc. cit.

Case 64.—1873, female, aged 16. Took opium and pulv. doveri, exact amount not stated; taken about 8½ to 9 P. M. Symptoms.—Found her unconscious; respiration six or seven per minute, labored; limbs relaxed, cold; face dusky, pale; pupils contracted; pulse under fifty; could not rouse her. Treatment.—Ipecac and tart. emet.; heat to extremities; frictions; emetic failed; sent for Dr. Terry; gave fluid extract belladonna, ten drops; in twenty minutes gave twenty drops more; then used electro-magnetic current; some effect from it; one hour later no improvement; then gave hypodermically one-thirtieth of a grain of atropia; at this time no effect from the fluid extract of belladonna given; in twenty minutes extremities warm; pulse rose from fifty to one hundred and fifteen; from this time gradual improvement. Recovered. Ely Van De Warker, *Southern Medical Record*, March, 1874.

Case 65.—1873. Cause not stated. Symptoms not given. Treatment.—After the energetic use of coffee, *atropia*, artificial respiration, whisky, and galvanic battery had *failed*, the administration of oxygen gas was followed by gradual return to consciousness. Recovered. Farrington, *Medical Times*, per *Southern Medical Record*, March, 1874.

Case 66.—Took tincture opii, four drachms. Under care of Dr. S. Frank. Treatment.—

Gave one-eighth of a grain of atropia hypodermically; particulars not given; (it is not likely that the atropia was all given at one dose.) Recovered. *Chicago Medical Examiner*, February 15th, 1874, p. 80.

Case 67.—1870, male, aged 20. Took morphia sulph. the day and night before. Symptoms.–Found him in a fit; stertorous respiration; coma profound; foaming at mouth; respiration three to four; pulse very feeble; face purplish; extremities cold; pupils contracted; insensible to shaking, flagellation, walking, cold douche; he could not swallow. Treatment.–Gave fluid extract of belladonna, thirty drops, in his arm, and gave enema of turpentine in egg emulsion, per rectum; ice water to head and face; feet in hot bath; slight improvement in forty minutes, but relapsed after an hour; then one drachm of fluid extract of belladonna hypodermically, from which time he gradually improved. Recovered. G. W. Seip, Medical and Surgical Reporter, September 26th, 1874, p. 258.

Case 68.—1874, male, aged 25. Took tincture opii, two and one-half ounces, eight hours before seen. Found all the symptoms of profound narcotism. Treatment.—Gave, hypodermically, two-thirds of a teaspoonful of fluid extract of belladonna, and per rectum a strong infusion of coffee, and one-half drachm of liq. ammon. fort.; no effect from battery; in a half-hour signs of improvement; no further treatment, except a repetition of rectal enema; gradual recovery. C. W. Stockman, Medical and Surgical Reporter, August 29th, 1874, p. 164.

Case 69.—1874, aged 18 months. Took tr. opii, quantity unknown. Parents gave strong coffee freely, from which free emesis occurred. Symptoms.—When seen had contracted pupils, pulse 150, very feeble, respiration slow, weak, skin pale, livid, and cold. Treatment.—Kept it awake, gave of atropia solution, one grain to three drachms, three drops every fifteen to twenty minutes, till twelve drops were taken. Meantime gave one and a half drachms of tr. belladonna, on account of tendency to vomit, but there was no emesis or stool. From an hour later patient gradually recovered. A. A. Mannon, Cincinnati Clinic, May 2d, 1874.

Case 70.—1874, male, aged 33. Took tr. opii, two ounces, at 4.30 P. M. Found at 5.45 P. M., entirely comatose. Treatment.—At 6.30 P. M., stomach pump; 6.40, gave one-twenty-fourth of a grain of atropia, hypodermically. Repeated at 7.20, followed by perceptible dilatation of pupils. Battery at 7 P. M.; no other treatment. Respiration raised from seven to twelve; was conscious at 12 M., but died at 5 P. M. Death from pulmonary œdema. Collected for and reported to me by J. B. Mattison, M. D., of Chester, N. J.

Case 71.—1864, aged 26 months. Took tr. opii, one drachm, by mistake. One hour afterwards commenced use of Squibb's fluid extract belladonna, which was continued till recovery. Ib.

Case 72.—1870, male, aged 4 days. Took pulv. opii comp., three grains, for three doses, two hours apart. Two hours after last dose, comatose; symptoms urgent. Treatment.—One drop fluid extract belladonna, followed in thirty minutes by rash, resembling scarlatina; from this time gradual recovery. In after treatment, gave a few drops of arom. spts. ammon. Ib.

Case 73.—1874, female, aged 24. Took tr. opii, large teaspoonful. Symptoms.—Patient having typhoid fever, respiration 5 to 7, profound stupor four hours later. Treatment.—Fluid extract belladonna, six drops every thirty minutes for four doses, when she was better, then gave stimulant. Recovered. Ib.

Case 74.—Aged few months. Took tr. opii, large dose, by mistake. Treated successfully by free use of belladonna. Recovered. Ib.

[The citation of cases illustrative of the remaining classes, viz., opium poisoning treated without belladonna, and belladonna poisoning treated with opium, will be concluded in our next number.]

A CASE OF INTUSSUSCEPTION.

BY EDWARD STILES, M. D.,
Of Philadelphia.

I was called, October 20th, to see Ella P., aged five months, and obtained from the mother, who was somewhat illiterate, a history, which, together with the symptoms presented, led me hastily to conclude that the child was laboring under an attack of dysentery, and for which I prescribed cathartic doses of hydrarg. chlorid mit., and an antacid, laxative, and carminative mixture. Called next day, 21st, and found the patient much worse, and with the following symptoms: Persistent vomiting of the only ingesta, breast milk; matter vomited at times mixed with bile; bloody passages from the bow-

els; these hemorrhages, about six or eight in number since last visit, were also at times slightly tinged with bile, but no solid or fecal matter, nor had there been any passed since beginning of attack; much prostration; pulse feeble; countenance dull and languid; patient lay at times semi-unconscious, and at intervals flexed its limbs upon the abdomen, as if in pain; no febrile action, but rather a coolness of the surface; the case having, in fact, many of the symptoms of shock. On closely questioning the mother as to the history, the following information was elicited: On Sunday last, the 18th, P. M., she and a friend, accompanied by the infant, had attended a funeral which went several miles out of town; the road was rough, and the carriage and occupants much jolted; to this they attributed the illness of the child, who had been remarkably healthy since its birth. On the following morning, 19th, she was suddenly seized with vomiting, small and repeated hemorrhage per anum, unaccompanied by diarrhœa or any fecal matter, apparently suffering intense pain, and restless during day and night. These symptoms all persist, with the addition of tympanites and some febrile reaction, but moderate thirst, until this date, when I at once came to the conclusion that the child was suffering from intussusception of the bowels, the result of the mechanical violence received, and of which history I had been until the present ignorant. Prescribed spiritus frumenti, gtts. v to x every hour, with anodynes, cataplasm of flaxseed meal to abdomen, and ice, in small lumps, to be placed occasionally in the mouth. Consultation fixed for following morning.

October 22d. Child somewhat brighter, though much prostrated; abdominal pains apparently diminished; tympanites increased; vomits still on taking food or medicine, as she has since the first day; about the same number of hemorrhages since last visit. Dr. C. consulted with me, but thought that the case was one of dysentery, and directed a saline laxative mixture of magnesia carb., with the intention of producing a free fecal evacuation; this remedy, at his urgent request, was administered, and the others remitted; the effect was an aggravation of all the symptoms and increase of the hemorrhages, which now became quite copious.

October 23d, A. M. Condition much worse; rapidly sinking; expired at 11 A. M.

Remarks.—On making a careful resumé of all the symptoms, and consulting the works of some of our latest writers on this rare accident of childhood, I have concluded, without hesitation, that the symptoms of this case were unmistakably those of invagination or intussusception, though, owing to the strong prejudices of the parents, being denied the opportunity of verifying this opinion by a post-mortem examination; two symptoms alone, during life, were wanting, viz., the presence of a tumor detectable through the abdominal walls, and the protrusion of the bowel from the anus. "In recorded cases the first has been recognizable in but two or three out of every ten, and the latter is stated to be a symptom not generally present, and to which but little diagnostic value has been attached by different authors" (Meigs and Pepper, 4th edition, 1870). No attempt was made to feel an invaginated mass per rectum.

Rilliet and Barthez call attention to the moderate degree of thirst during the course of this disease, and also the absence of any marked emaciation, as in other acute diseases of equal duration and severity, both of which conditions existed here and tended to confirm the diagnosis.

Leaving out any remarks upon the treatment and the unfavorable prognosis of the case at any stage, I desire to put the case upon record, as well as the peculiar cause producing it, together with the "sex" of the child, it being a proportionately rare occurrence in the female, according to published statistics, ranging from the ratio of "two males to one female," to that of "twenty-two boys" out of twenty-five cases collected by Rilliet and Barthez.

ACUTE RHEUMATISM, WITH AN ENDOCARDIAL BRUIT, AND APPEARANCE OF PURPURA FEBRILIS SIMPLEX.

BY F. K. BAILEY, M. D.
Of Knoxville, Tenn.

On September 22, 1874, I was called to see a little boy five years old, twin, and the more rugged of the two. Light complexion, red hair, and very sanguine in temperament. Found him very hot, skin dry, and continually calling for drink. Tongue coated, bowels inclined to constipation, but little appetite, urine red. Both feet and ankles swollen, red, and hot; tender to touch; and there is a general condition of hyperæsthesia, with extreme irritability of temper. Prescribed as follows:—

℞.	Iod. potassii		℥ss
	Syr. simplicis		℥ss
	Tr. acteæ racemosæ		℥ij
	Tr. opii camph.		
	Ess. wintergreen	āā	℥j. M.

Sig. Thirty drops every four hours. Alternated with pulv. doveri, and small doses of hyd. cum. creta., to be followed with castor oil, after eighteen hours.

23d, 11 A. M. Much the same. Bowels open; urine more free but still red.

24th, 3 P. M. But little change, except that the right wrist is swollen, hot and red. Continued mixture, and alternate with pulv. doveri. and leptandrin.

25th, 3½ P. M. Feet less affected; right hand better, but the left now affected. Bowels moved two or three times; thirst continues, and is hot. Continue same treatment. I might have stated that from the first, a strong infusion of peach leaves has been applied topically.

26th, 3 P. M. Hands still swollen; feet but little affected. Noticed to-day an eruption upon the legs, of purpura febrilis simplex, of Wilson. Slight appearances seen upon the forearms. Extremely irritable, and will not tolerate being touched or moved. Bowels opened twice in last twenty-four hours; stools inclined to be solid and scanty. Continued mixture of dov. pulv. and leptandrin, the latter in increased doses. To be allowed lemonade and acid fruit.

Monday, 28th. Symptoms much improved; slight swollen condition of the left hand and wrist; other parts previously swollen now free from soreness; less irritability; bowels open and stools copious; urine still very red, and shows an acid reaction. Suspend mixture, and continue use of dov. powder and leptandrin.

Wednesday, 30th. Called and found all former symptoms which had characterized the case apparently removed; no tumefaction in any of the joints, and but for weakness, the little fellow would be about on his feet. From the first I had suspected some cardiac complications, but, as above stated, he was so extremely irritable that it was impossible to listen to the heart's beat on account of his loud crying and rapid respiration. To-day I was enabled to examine closely the chest, and found not only increased cardiac impulse, but a distinct murmur after the systole and occupying nearly the whole interval to the diastole. From the pitch of the murmur and the fact that but little complaint had been made of pain in the cardiac region, I concluded it to be endo-cardial. The bowels being open and the appetite returning I gave only small portions of sulphate cinchoniæ with Dover's powder, and discharged the patient as convalescent. I will add that the purpuric spots have wholly disappeared.

I shall take occasion to see the child from time to time, and watch the cardiac condition, and guard against relapse of the rheumatism, as such an occurrence would be apt to render permanent what we all deplore, disease of the heart in young subjects.

October 5th. The mother called and reported lameness and soreness in the left shoulder and back, and, from other indications, there may be cardiac complications in other parts of the organ. Gave Dover's powder with leptandrin.

7th. To-day there is pain in the right shoulder, with a difficulty in lying down, a smothering, and an inclination to start up suddenly. To continue the Dover's powder and leptandrin, and resume the mixture at first prescribed.

18th. Called in and found the child much improved, and able to go about without any complaint of lameness. I find the murmur still present, but to a less degree in distinctness, and confined to the left side of the heart. He is still pale, and has become considerably reduced in flesh. Advised care and proper protection from cold, and, as the bowels are open, with good appetite, prescribed no medicines.

Many writers, as well as physicians of extensive observation, with whom I have conversed, state that cardiac complications are well nigh universal in acute rheumatism. The doctrine of metastasis, as held by the profession a half century ago, is generally discarded at the present day, but the concomitance of the two is well established. The fact of peri- or endo-cardial inflammation accompanying rheumatism is an important one to consider. Why the heart so often and other internal organs so seldom the seat of diseased action in association with arthritic inflammation?

Rheumatism is considered as a blood disease, or a constitutional affection, by most authors. It attacks tissues covered by serous membrane, and its favorite seat is in the most dense fibrous tissue. The relative proportion of fibrine to the saline elements of the blood is more than doubled. It is easy to imagine that blood in the condition found in acute rheumatism should irritate the endo-cardium by coming in contact

with it, but that will not so easily explain how the peri-cardium should become also affected. The fact that the most dense tissue becomes affected, would go to prove that blood, loaded with fibrine and other abnormal substances, cannot readily find its way into and through such tissue, and consequently become a source of irritation and inflammation. But it is not proposed to discuss this subject in extenso.

The dermatoid phenomena in this case are not uncommon, but still an interesting feature, and doubtless referable to a peculiar condition of the capillaries. I have never seen purpura upon any part but the extremities, more commonly on the legs and feet. I saw one well marked instance in a patient laboring under muscular rheumatism, with no cardiac complications that were discoverable. There is much that is interesting to the pathologist in the study of rheumatism. It is engaging the attention of our most able men, and it is to be hoped that physicians generally will learn to look upon the disease as something more than a simple swelling of the joints, and requiring little attention, but as an affection which is liable to cause permanent organic lesions in a most important internal organ. Its study also affords a fine field in which to observe phenomena in the commencement and progress of heart diseases, which latter do not receive the attention that is due to their importance by practitioners in general.

Editorial Department.

Periscope.

Enlarged Thymus in Children.

In a pamphlet entitled "Observations on a Peculiar and Dangerous Affection of the Respiratory Organs commonly met with in Infants and Children," published by Dr. Finch, of Colchester, England, the author gives five cases of disease which he believes to depend on enlargement of the thymus. The following is the only one of the five in which the autopsy was made:

On July 31st I was sent for to see another child of the same family, also a boy, aged three years, of stronger build and not so delicate in appearance as his brother. I had been attending him at intervals for nearly two years, for hoarseness and roughness of breath, with at times great difficulty in respiring. Eighteen months back, at the beginning of 1872, when recovering from scarlet fever, I had seen him in his first attack, when for eight or nine days his breathing was most painful and oppressed; since then he had never breathed quietly, always making some noise; when from any trivial cause he was out of sorts, this increased to almost a continual roar. Hitherto perfect quiet in the atmosphere of a warm room, liquid food, and infinitesimal powders of hyd. c. creta had sufficed to bring him round.

When I saw him at the present time his breathing was rather faster than it should be. In expiration the air made a loud rustling sound, inspiration was not so noisy, and had a whistling character; his face was rather anxious and pale; nothing could be seen amiss in the interior of the throat or mouth; one tonsil was prominent, the other was not visible; on both sides of the neck and beneath the chin could be felt glands; the jugular veins were turgid with blood; the sternum projected in its upper part, and the cartilages of the first two or three ribs curved inward; the tongue was clean, and bowels rather costive. The pulse was between 80 and 85; all chest sounds were smothered by the noise of his breathing. He said he did not feel ill, and his father told me that he seemed all right, excepting his loud breathing. I treated him as on former occasions, and when I saw him next evening he was much improved. He continued to mend until August 4th, when he was so much better that I allowed his going out of the room and returning to ordinary diet. The rough breathing was still audible, like air being forced through a small orifice. In addition to the powders night and morning, he took small doses of iodide of potassium.

The next day I did not see him. I was told he was well enough to walk out with his sister, but objected to the passers-by looking at him, in wonder where the noise he made in breathing came from.

Next day, Aug. 7th, he was worse; the difficulty in breathing had increased; he was kept in bed, and because of his restlessness clothes were put upon him; he gasped for breath like one in an asthmatic attack; he was easiest in the prone position, with a pillow under the chin. In the evening he was much worse; the difficulty in breathing was intense, merely a narrow stream of air entering the lungs; the face was pinched, the eyes stared, the nostrils worked to and fro with every breath, the lips and nails were blue, and extremities cold; he was per-

fectly conscious. Mr. Nunn saw him in consultation with me about seven o'clock, P. M. A blister was ordered to be placed across lower part of throat, with chlorate of potas. mixture every two hours. I saw him again at 12 o'clock, midnight. The blister could not be kept *in situ;* an emetic produced but slight relief; every few minutes he dozed off, and awoke to fight for breath; gradually he became quieter, though still conscious, and died the next morning between six and seven o'clock, worn out.

Aug. 10th. Three days later I assisted Mr. Nunn at the examination of the body.

The body was thin for a child; the skin was discolored and livid in places, particularly on the throat and back. It was well formed with one exception; the sternum was prominent.

On opening the chest, the upper portion of anterior mediastinal space, behind the bone of the sternum, was seen to be occupied by a dark pink mass, extending upward to near the lower border of cricoid cartilage, and downward to a level with the second intercostal space; it adhered to under surface of sternum, and was dissected away with difficulty. We agreed that it was an enlarged thymus body; its surface was smooth, of uniform pale red color, and presented a few indentations. It was about half as broad as the palm of my hand, and twice that in length; it was thickest where it had lain just above the sternum, from thence, both upward and downward, it got thinner and narrower; on cutting into it a quantity of pinkish fluid escaped, and it became manifestly less in size. It seemed composed for the most part of cells about the size of a hazel nut, and one or two a little larger. The parenchyma was firm, and as far as we could judge healthy. The heart and large arteries were perfectly sound. The lungs were full of blood, but otherwise in good condition. The lining membrane of both larynx and trachea was injected and darker than natural, and adhering to the lower half was much tough dry mucus.

I had no means of weighing the gland; a piece of sheep's lung cut as near as I could recollect to the size weighed two and a half ounces; from this, allowing for the difference of consistency and the presence of cells and fluid, I concluded the thymus body was something below two ounces in weight.

Interstitial or Pseudo-Membranous Enteritis.

The *Irish Hospital Gazette* says M. Wannebroucq read a paper at the recent meeting of the *Association Francaise pour l'avancement des Sciences*, on this form of enteritis, which, he said, merited a special description. Up to the present time it had been but little studied by authors, who seemed to regard it as of less frequent occurrence than it really was. It had also received the name of croupous enteritis, and ought to be connected with what was termed sporadic dysentery. The peculiar character of the disease consists in the expulsion of false membranes, at first small and short, but which soon become thick, and extend to a length of from 15 to 30 centimetres (6 to 12 inches), and in exceptional cases even to a length of a metre (one yard and one-tenth), and even a metre and a quarter, as in a case observed by the author. Their form is variable, resembling sometimes the segments of tænia, while at other times they are tubular, or present the appearance of frog's spawn. The disease is ushered in, in the acute form, with very analogous symptoms to those of enteric fever (but neither rose nor slate-colored spots have ever been observed), and there is a remarkable tendency to pass into a chronic state. The expulsion of false membranes often lasts for months, or even years, without occasioning serious derangement of the general health. The anatomical lesions do not differ from those of chronic enteritis. The small intestine is never engaged, but always the large intestine, either the cæcum or colon, or the rectum; in the latter case the symptomatology is that of dysentery. Another point worthy of attracting the attention of the observer, is the frequent, almost constant, coincidence of nervous affections in the subjects of this form of enteritis. These affections present themselves in the female under the form of hysteria, in all its varied aspects, and in males chiefly in different kinds of hyperæsthesia, and in hypochondriasis. From these circumstances M. Siredey regards pseudo-membranous enteritis as a neurosis with disorder of the secreting system. Would it not be more correct to consider these nervous derangements as secondary and subservient to the influences of the visceral derangements?

Phosphoric Acid Secretion in Cerebral Disease.

We learn from *The Lancet* that Dr. E. Mendel has made a series of experiments on the above (*Archiv für Psychiatrie*), and has arrived at the following results: The quantity of phosphoric acid excreted by the kidneys under the influence of brain disease, and compared proportionally to the other solid principles of urine, varies considerably, from 2·49 to 3·03 per cent. The substance is excreted in greater quantity at night than during the day. In the chronic maladies of the encephalon there is a decrease in the absolute quantity of phosphoric acid excreted every day, as well as of the relative quantity in connection with the other solid principles of urine. In cases of maniacal excitement there is an increase in the absolute and relative quantity of the substance. Increase in the quantity is also observed during attacks of epilepsy and apoplexy, and after the administration of chloral and bromide of potassium. The decrease of the substance in chronic cases of brain disease must be attributed generally to diminution of muscular activity, dependent on the protracted course of the disease. In other cases it may be ascribed to the general weakness and exhaustion of the nervous system, the result of imperfect assimilation.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Shadows from the Walls of Death; Facts and inferences prefacing a book of specimens of arsenical wall papers, gathered by R. C. Kedzie, member of the Michigan State Board of Health," is the rather sensational title of a pamphlet printed by W. S. George & Co., Lansing, Mich. The author, who was chairman of the Committee on Poisons, of the Board, has found not only many specimens of wall paper containing arsenical dyes, but various cases of sickness probably attributable to the poisonous exhalations from them.

——The merits of the earth treatment in the management of open wounds is ably set forth by Dr. Addinell Hewson in an address delivered recently before the Delaware County Medical Society, and published at the request of that body. The mode of preparing the earth and the record of some cases are given in detail, and will be found very instructive.

——Messrs. Keith & Co., of New York city, have published a "Handbook of Practice," for those employing the concentrated medicines prepared by their firm.

——It is said that Tanner's *Practice* has had the greatest success of any medical publication in England for many years. Several editions of five thousand copies each have been sold.

BOOK NOTICES.

Croup in its Relations to Tracheotomy. By J. Solis Cohen, M. D., etc. Philadelphia: Lindsay & Blakiston, 1874. 1 vol., cloth, pp. 78. Price $1.00.

This essay was read before the Philadelphia Medical Society last January, and printed in the Transactions of the Pennsylvania State Medical Society for the current year. It is founded upon a thorough digest of over five thousand cases of tracheotomy in croup, and may therefore be regarded as the latest and most careful study of the subject. His conclusions are that the operation is admissible in croup; that an anæsthetic may be employed; that the incision should be made as near the cricoid cartilage as possible; that a dilator should be used; and, of course, that the utmost surgical precautions should be employed.

Clinical Lectures on Various Important Diseases; being a collection of the clinical lectures delivered in the medical wards of Mercy Hospital, Chicago, by Nathan S. Davis, A. M. M. D., etc. Edited by Frank H. Davis, M. D. Second edition. Philadelphia, H. C. Lea. 1 vol., cloth, 12mo, pp. 283.

The diseases which the lecturer considers in the present volume are continued fever, periodical fever, rheumatic fever, scarlet fever, respiratory affections, tuberculosis, various diseases of the alimentary and renal tracts, dropsy, cerebral and spinal affections, cutaneous diseases, and delirium tremens. Of course, in so small a volume such a wide range involves very cursory consideration of many, even most of these maladies, and a more thorough discussion of a more limited number might have been more profitable to the reader.

Nevertheless, there is a great deal of practical utility in the book, and the fact that this is a second edition disarms, to some extent, the above critscism. Much is said of the treatment of cases, and generally very judiciously, though here and there one of the lecturer's hobbies (for instance, his dislike of alcoholic medication) peeps forth.

Transactions of the Mississippi State Medical Association, 1874. Vol. VII, pp. 118.

Commencing with the usual proceedings, etc., this volume contains the address of the President, Dr. J. M. Taylor, the subject of which was "Popular Education on Medical Subjects," and which is ably handled; the annual oration, by Dr. J. R. Hicks; a report on improvements in the treatment of uterine diseases, by Dr. A. B. Vaughan; on pepsine and pancreatic emulsion, by Dr. D. W. Booth; on hypodermic medication, by Dr. S. V. D. Hill; on alcoholic stimulants in anemia, by Dr. R. S. Toombs; on inebriate asylums, by Dr. Wm. F. Hyer; cases of yellow fever, by Dr. P. F. Whitehead; cases of surgery, by Dr. S. V. D. Hill; and cases of foreign bodies in the air-passages, by Dr. D. W. Booth.

This variety indicates that our Mississippi brethren are awake to the value of clinical study, and in this volume offer a contribution of solid merit to medical literature.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 14, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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A MEASURE OF PROGRESS.

In the last volume of the Proceedings of the American Antiquarian Society (April, 1874) is an interesting account of a manuscript in the library of the society, written about the year 1724 by the learned Puritan divine, Dr. COTTON MATHER. It is an "Essay upon the common maladies of Mankind," and is nothing else than a work on the domestic medicine of a century and a half ago. As such, it displays not merely the superficial knowledge of all such books, but further than that, the long respected, orthodox ways of looking at disease.

The title of the MSS we gather to be, "The Angel of the Pool of Bethesda," and as it is written by an old-fashioned Puritan preacher we naturally find in it much piety, much out-of-the-way erudition, and but little scientific method. "Sin," he tells us, "first brought sickness into a sinful world." "The body is unto the soul the instrument of iniquity." "Wherefore, under sickness we should make a solemn inquiry after sin."

This venerable doctrine, that sickness is the punishment of sin, still survives in regard to certain diseases, gonorrhœa and syphilis, for instance, and is the reason why most hospitals refuse to admit patients of these classes, and why sanitary regulations aimed to suppress the spread of these maladies are opposed, on the ground that this would be robbing sin of its divinely appointed punishment. A century from now this will be seen to be as anserine a notion as the one we have quoted from the reverend doctor.

To counterbalance these follies, which he shared with his time and creed, Dr. MATHER here and there displays a justness of conception worthy of his great reputation. The best of all preventives of disease, and one of the best of all remedies, he holds to be judicious exercise, especially combined with moderation in food, diet, and all other habits. His "Exercitation upon Exercise," if throughout in this spirit, might be studied to advantage at the present day.

Curiously enough, in his conjectures on the propagation of epidemic diseases, he lights upon and defends the theory that this is done by the agency of animalculæ. So that we have one of the most actively canvassed of modern hypotheses supported by this old time writer.

The best part of his book is that which describes and advocates inoculation to prevent small-pox. It should be forever remembered to his credit, that COTTON MATHER was the first to introduce this operation into America. He assisted and sustained Dr. ZABDIEL BOYLSTON in introducing it in Boston and vicinity, in 1721, at the cost of much calumny, persecution, and even personal violence. His description of precautions requisite, and mode of operation, is full and accurate, and deserves recognition by the medical historians of this Continent.

As for his therapeutics, they are chiefly of the most empirical character, and partake of the coarseness common to the popular pharmacopeia of the age. Human excrement, he considers "a remedy hardly to be paralleled," and as for the waters of medicinal springs, he says that the fountain with which nature furnishes every one of us (*i. e.* the urine), "exceeds them all." For a bad cough he recommends a few spoonfuls of cold water as a sovereign remedy. In fact, he inclines strongly to the opinion that after all, we shall do our souls more good by letting our sinful bodies suffer and die, if need be, and rather occupy our time with "serious and awful meditation on a just God and the power of His anger." However beneficial this course might prove, we doubt if many will be found to embrace it.

Such is the general character of this ancient treatise, which still retains an interest for him who likes to revert to the past, and measure by such landmarks, the benefits which science has conferred upon us. It is cheering to see how far we have advanced since that date, and how substantial are the conquests we have made.

NOTES AND COMMENTS.

Agency of the Half-yearly Compendium.

The agency of this periodical, previously in the hands of Mr. Hatch, has been *discontinued*. Those who received it from him are requested to apply directly to this office.

Medical Legislation in New York.

The New York *Nation* says:—In May last a law was passed making it a misdemeanor, punishable by fine and imprisonment, to practice medicine or surgery in New York unless authorized to do so by license or diploma from some chartered school, State board of examiners, or medical society, or to practice under cover of a medical diploma illegally obtained. All practitioners who are destitute of the proper papers are required to submit to examination by the censors of the State, county, or district medical society, within thirty days after being notified to that effect, or take the consequences; and they must earn a certificate which "shall set forth that said censors have found the person to whom it was issued qualified to practice all of the branches of the medical art mentioned in it." These certificates are to be recorded in a special book by the county clerk. We have before us the notification of the censors of the Medical Society of the County of New York, which calls for the name in full of the practitioner to whom the circular is addressed, his residence, the name of the college or university granting his diploma, or society granting his license, with the date of either. The good fruits of this censorship we may hope soon to see.

A similar task has been undertaken, quite unofficially and without the support of law, and not, we suppose, without risk of innumerable libel suits, by the San Francisco *News-Letter*, whose peculiar gifts of personal abuse were never better employed. It publishes lists of the quacks who falsely pretend to have received diplomas, notably from European societies, takes account of their protests, prints their illiterate communications to the editor, and doubtless succeeds in making them, for the time being, uncomfortable, and perhaps anxious, and of course thoroughly angry.

It is a pity that some very active measures could not be taken to root them out altogether.

Correspondence.

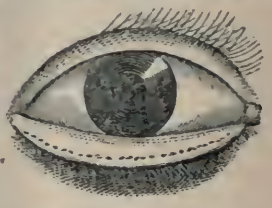
Notes from Abroad—New Operation on the Eyelid.

London, England, Sept. 18, 1874.

Ed. Med. and Surg. Reporter:—

I sent you a full account of the meeting of the British Medical Association, although unable to be present, being in Belfast during the latter part of the session of the British Association for the Advancement of Science. An outline of its proceedings, with the inaugural address of Professor John Tyndall and Professor T. H. Huxley were forwarded. These were very able addresses, by the first men in their departments. Of the former it is said: no scientific address ever before published has produced so profound an impression; as to the propriety of such an experiment at this time, it is in our minds doubtful, and yet the address has been received with more commendation than we could have expected. The British Association for the Advancement of Science is now in its forty-third year; its first meeting was held at York, 1831, under the presidency of Earl Fitzwilliam, F. R. S. It is of the migratory character, holding its annual sessions in different towns; and it admits to membership all who attended the first meeting, scientific professors, and those devoting themselves in any way to the promotion of scientific objects. I was delighted to have the opportunity of meeting so many of the scientists of the old world, and among their number noticed a large representation of the medical profession, who took an active part in its proceedings. I also enjoyed several delightful excursions to the Giant's Causeway, Grey Friars' Abbey, etc., and among the pleasant acquaintances I made was a physician by the name of Wm. Proctor, M. D., F. C. S., surgeon to the York Dispensary, formerly lecturer on chemistry and Forensic Medicine in the York school. This gentleman has written one of the best little books for popular use, on the hygiene of air and water. The object of the author has been to deal with his subject in as simple and popular a manner as possible, and to point out the injurious effects of impure air and water, the sources and origin of their impurities, with the means for their detection, and the several methods by which they may be removed or remedied. I also met that veteran in aural medicine, Sir Wm. Wilde, of Dublin, and when in that city I paid my respects to the distinguished Nestor in his department. I left Ireland with regret, having been received with great kindness and hospitality, and arrived in London after spending a short time with a relative, Dr. George W. Turnbull, at Exmouth, England, a distinguished general practitioner, and late assistant of the great deceased Sir James Simpson, of Edinburgh. I found Exmouth a lovely spot, and very attractive to the invalid and the seeker after pleasure. London, at this season of the year, is almost deserted by its chief medical men, it being the holiday season with them.

My first medical visit was to Bloomfield St., Moorfield's, Royal London Ophthalmic Hospital, the largest institution of the kind in this immense city. By a reference to Fry's Royal Guide to the London Charities, for 1873–74, we find the number of persons benefited last year was, 19,432 out-patients, and 1313 in-patients, and the last year's receipts £5907. By the recent addition of a new wing, its accommodations for in-patients have been increased to eighty beds, while the out-patient department has been entirely remodeled, and has room for about four hundred patients daily. The whole number of attendances in 1872 being 95,160. The enlargement of the building has necessarily involved a considerable addition to the current expenses, which it is supposed in future will reach about £4000 annually. I found the two surgeons still in attendance who were there when my father visited its wards, in 1849,* Drs. Bowman and Critchett, both of whom were away, but I met Dr. Bader, Mr. G Lawson, and Dr. Goddard Rogers, Dr. Bowman's assistants, also a Mr. Coupar, who were very polite. There was a new operation which I noticed, and of which I have sent a drawing. It was first freshening the edges of the lids in places, and stitching them together, in cases where, after operations on the cheek, etc., you suspect ectropion, and when the wound of cheek, etc., has healed, to divide the new unions of the lids. Second, to make an incision down to the cartilage in entropion, and so let the margin of the lid free, and not take out muscle, skin or cartilage. Incise at dotted lines (see Fig.), and the cilia will evert, and the wound gap (as light lines) and heal so. Said to be very successful.



The Hospital looks well and in good order, but the ventilation is defective. I send by mail a new edition of lectures on Aural Catarrh, by the late Peter Allen, M. D., a notice of whose death my father communicated to the Reporter. Haynes Walton, the distinguished ophthalmic surgeon, of St Mary's Hospital, learned from his widow that a new edition of his friend's lectures was nearly ready for publication when his fatal illness commenced, he therefore advised their publication without delay, and most kindly undertook to do what was necessary for furthering it. He adds the following tribute to his valued colleague's work and heart:—"The lectures are eminently practical. Well do I know the pains which the author took in our St. Mary's aural department to gather pathological facts, as well as jealously to watch the effects of treatment, and faithfully, from his

*See letters in Medical and Surgical Reporter, by Dr. L. Turnbull, 1850.

convictions, to recommend therapeutic measures. It is with great confidence I recommend the production of one whom I thought so highly of, as an honest and gifted practitioner of aural surgery."*

Mr. James Hinton, aural surgeon to Guy's Hospital, published, March, 1874, a work of 308 pages, which I send you, the title of which is, "The Questions of Aural Surgery," in which he has "endeavored to give a brief outline of the subject of ear disease;" and he also states. "Nothing is claimed as original; the chief part of our recent knowledge comes from Germany, with liberal contributions from America." He has also published an "Atlas of Diseases of the Membrana Tympani," and is translating the fifth edition of the work of "Von Tröltsch," with other secular and professional works.

Mr. Dalby, of St. George's Hospital (almost all the large hospitals have aural and ophthalmic surgeons attached to them, and most of the medical schools, lecturers on these subjects), stands now at the head of the list of aural surgeons.

A young aspirant for fame, James Keene, whose bantling, on "The Causes and Treatment of Deafness," has been rather roughly treated in the United States, is an assistant surgeon to the Central London Ophthalmic Hospital, and deserved better treatment at your hands, although he rather arrogated to himself credit as "dealing with affections of the middle ear in a different manner from that of previous writers." He states, "I have ventured to describe catarrh as distinct from inflammation of the tympanum, and to treat of suppuration and plastic depositions as consequences of inflammation rather than as primary diseases." He also failed to give credit in the matter of recording cases, an improvement due to Dr. J. S. Prout, of Brooklyn, New York. His little book is well written, and we have no doubt in a new edition he will modify some of his statements and give due credit to whom it is due.

I will say adieu for the present, as I shall leave London on Monday, September 27th, for Dover, via Ostend, to Brussels and Antwerp, then up the Rhine, to Heidelberg, to meet the congress of ophthalmologists, where you shall hear from me again.

Your obedient servant,

CHARLES S. TURNBULL, M. D.

Nitrite of Amyl in Puerperal Convulsions, with Rigidity of the Os.

ED. MED. AND SURG. REPORTER:—

This agent having survived the period of novelty, and having proved to be one of our most powerful stimulants and anti-spasmodics, whatever relates to its therapeutics is of interest. The following case exhibits its properties in a new *phase*, and if similar good results are attained in others, must prove a valuable addition to our puerperal therapeutics.

October 5th, 1874. Was called in haste to see Mrs. W., primipara. Six hours after the commencement of labor, upon entering the room, found Mrs. W. in a violent convulsion. Upon examination per vaginam found the os rigid, undilated, and undilatable. Gave *four* drops of *amyl* by inhalation; it gave almost instant relief; no more convulsions occurred after its administration, although she had four convulsions previous to my arrival; the os dilated rapidly, and a safe delivery was soon secured. I would say it is only in the early stage of labor that the use of *amyl* is admissible. Given after the head has descended into the inferior strait, I would anticipate copious hemorrhage and serious danger, owing to its tendency to dilate the venous and arterial system.

Respectfully yours,

R. K. HINTON, M. D.

Philadelphia, Nov. 2.

NEWS AND MISCELLANY.

The National Academy of Science.

Last week this body held its annual meeting in this city, at the University of Pennsylvania.

Various papers were read, chiefly on natural science. One, of medical interest, was presented by Dr. J. L. Le Conte, on "The use of Mineral Poisons for the protection of Agriculture," which elicited much discussion. Remarks were made by Professors Gibbs, of Harvard University; Alexander, of Princeton; Silliman, of Yale; Genth, and Doctors S. Weir Mitchell and R. E. Rogers, which brought out many very important and startling facts in relation to the use of mineral poisons in the extermination of insects destructive of crops and of household pests. The use of Paris or Schweinfurth green, which was the subject of the paper, was principally dwelt on. It had been recommended for the destruction of the Colorado, or potato bug, and the demand for the article had become so large that one chemist in Baltimore manufactured 3000 lbs a day, and druggists in small Western towns ordered it by the ton. It was composed of arsenite and acetate of copper, which were poisonous to both animal and vegetable life. It would not be taken up by the leaves of plants, but would be washed into the soil, which would soon become incapable of supporting vegetation. It was a grave question what chemical changes might take place in the soil that would enable plants to take up these poisons; that such may occur had been recently proved by analyses made by Professor Silliman. The loose way in which this poison was handled, and the absence of all restriction upon its sale were very alarming. Many deaths had occurred, either through accident or design, from Paris green which had been purchased to kill roaches or other vermin.

The increasing sale and use of strychnia for similar purposes was also alluded to. The general use of aniline colors in candy making and for coloring syrups and jellies in imitation of

* Extract from Preface of Second Edition.

the fruits from which they were supposed to be made, was instanced as one of the ways in which the health of the people was daily being injured.

Hospital of the University of Pennsylvania.

Through a circular issued by this Institution we learn that it contains free beds for poor patients, beds at $7 per week, and elegantly furnished apartments with one or two beds. These last range in price from $10 to $30 per week, and are intended for such private patients as need perfect seclusion, careful nursing, and constant medical supervision.

The building stands by itself, at a distance from the Medical and Academic Departments, and possesses such extensive grounds as forbid any encroachment from private dwelling houses. Its site is on rising ground, easily accessible, and is in a portion of the city which will always command pure air. In its construction the greatest attention was directed towards obtaining perfect ventilation; while every appliance that science has devised for the comfort, the care, and the treatment of the sick, has been secured.

The working Staff consists of the following gentlemen:—

Dr. Wm. Pepper, Clinical Professor of Medicine.
Dr. D Hayes Agnew, Clinical Professor of Surgery.
Dr. John Neill, Associate Clinical Professor of Surgery.
Dr. Wm. Goodell, Clinical Professor of Diseases of Women and Children.
Dr. Wm. F Norris, Clinical Professor of Diseases of the Eye.
Dr George Strawbridge, Clinical Professor of Diseases of the Ear.
Dr. Horatio C. Wood, Clinical Lecturer on Nervous Diseases.
Dr. Louis A. Duhring, Clinical Lecturer on Skin Diseases.
Dr. James Tyson, Clinical Lecturer on Pathological Anatomy and Histology.

Communications respecting the admission of patients should be addressed to that member of the Staff under whose care the case would naturally fall.

Vermont Medical Society.

The sixtieth anniversary of this society was held at Montpelier, Oct. 26th and 27th. Delegates were present from the Massachusetts Medical Society and the New Hampshire Medical Society. The first day was occupied with the ordinary business of the society, reports of committees, and discussion on the epidemics of the States. Under this head small-pox was discussed, and the opinion elicited that proper vaccination, and re-vaccination when necessary, is a sure preventive of the disease. Several physicians were admitted to membership in the society, among them Miss Callander, of Middlebury, a lady who is in regular practice, and a graduate of the Female Medical College, at Boston. The next day Dr. Peck of Burlington, detailed a case of reaction of the femur. The president's address was also delivered. The subject was "The Future of Medicine."

The officers of the society for the year ensuing are as follows:

President—Dr. L. C. Butler, Essex.
Vice President—Dr. H. S. Brown, St. Johnsbury.
Secretary—Dr. E. S Peck, Burlington.
Treasurer—Dr. S. Putnam, Montpelier.
Auditor—Dr. J. N. Stiles, Windsor.

The next semi-annual meeting will be held at Burlington.

The Opium Crop.

This crop, according to Mr. Consul Reade, now averages from 4000 to 6000 baskets or cases. Of this quantity the United States require above 2000 cases. The price has risen lately, averaging £1 per pound. Fifteen years ago it averaged 15s. per pound. Owing to the late high prices, some persons at Smyrna have during the last two years adulterated the pure drug by mixing it with spurious matter, and passing it off as first quality. They succeeded in selling about 300 cases during the last two years; but as the fraud has been discovered, the consequence has been that purchasers have been very careful from whom they obtain this drug. The crop for 1874, which is collected in May and June, has suffered considerably from the late severe frosts; consequently a short yield will also increase the value. In 1873 the stock existing in Smyrna was 1500 baskets; in London, 700; and in the United States, 600 baskets.

Cases of Cremation.

The body of the late lady Dilke, wife of the well-known liberal, Sir Charles Dilke, was taken to Dresden and burned last month, at her own urgent request before death. The ceremony was performed in the furnace recently invented for burial purposes by Herr Siemens, and the relatives of the deceased lady permitting strangers to be present, a large number of scientific men attended the experiment. When the company had complied with Herr Siemens' request to offer up a mental prayer, the coffin was placed in the chamber of the furnace; six minutes later the coffin burst; five minutes more and the flesh began to melt away; ten minutes more and the skeleton was laid bare; another ten minutes and the bones began to crumble. Seventy-five minutes after the introduction of the coffin into the furnace all that remained of Lady Dilke and the coffin were six pounds of dust, placed in an urn.

This was October 10th. On September 22d, in Breslau, another corpse was burned, the furnaces of the city gas works being used. According to the *Medicinische Central Zeitung* it required two hours and ten minutes to reduce

it to ashes. These weighed three pounds. It is gratifying to learn that only two hectolitres of coke were required, the total cost of which was thirteen and two-tenths silver groschen, or thirty-one cents United States currency! This is literally cheaper than dirt, and the gravedigger's occupation will soon be gone.

Blue Eyes or Brown.

A delightful investigation has just been concluded at Nuremberg. It was to examine the complexion, color of eyes and hair of all the school girls in town. They were in number 9819. The younger members of the profession would doubtless be charmed to continue the investigation here.

The results were that the blondes carried it over the brunettes 83 per cent. to 17; light hair over dark, 51 per cent. to 49, only 4 per cent being positively black; while in the matter of eyes the ranks were nearly equally divided; 34 per cent. having blue eyes, 31 per cent. gray, and 35 per cent. brown eyes.

False Tongue.

Under the above caption the Visalia (Cal.) *Delta* says: "No doubt everybody thinks he knows what we mean by this heading. But what we do mean is a disease by that name, several cases of which have occurred on Tule River. The patient is taken with itching on the under side, at the root of the tongue, from which, we are informed, commences a growth of a fungus resembling a tongue, which soon fills the mouth and protrudes from it, causing suffocation and death in a few days, unless relief is obtained.

Personal.

—The Italian journals record the premature death of Dr. Antonio Correnti, who, though only aged thirty-two, had already gained considerable reputation as an opthalmological surgeon, and was attached to the chair of Anatomy in the Royal Institute of Florence.

—A marriage was recently celebrated in Paris, between the son of Baron Thénard, member of the Institute, and grandson of the illustrious chemist, and Mademoiselle Odette de Mussey, the daughter of Dr. Henri-Guéneau de Mussey, the eminent physician to the Orleans princes, who reckons so many friends among the profession in London.

OBITUARY.

GEORGE G. HACKEDORN, M. D.

George G. Hackedorn, M. D., was born in Huntington County, Pa., September 19th, 1828, and died in Lima, Ohio, September 1st, 1874, aged 45. He graduated from Starling Medical College in the spring of 1850, and pursued his profession until 1857. March 20th, 1850, he was united in marriage to Miss Luçinda Shurr, his now bereaved widow. Dr. Hackedorn was a man of imposing personal bearing, fine culture, general intelligence, marked characteristics, enterprising and liberal; all of which rendered him a valuable accession to any community.

MARRIAGES.

ALEXANDER—TIFFANY.—On Thursday, October 15, at the residence of the bride's parents, at Newark, N. J., by Rev. William Cooper Mead, D.D., of Norwalk, Conn., assisted by Rev. Dr. Boggs, Caroline Stowe, daughter of Samuel S. Tiffany, Esq., and Dr. Florian Alexander, of Newark.

BEEBE—WHITE.—On Thursday, October 29, 1874, in New York city, by Rev. Wm. Adams, D.D., Clarence E. Beebe, M.D., and Maria Louise, daughter of John Morris White, all of this city.

CRANE—WHITNEY.—On Thursday, October 29, at Ivy Nook, New Haven, Connecticut, by Rev. Edwin Harwood, D. D., Dr. John Crane and Caroline W. Suydam, daughter of the late Stephen Whitney, all of New York.

HODSON—GARVIN.—On Wednesday, October 14, in New York city, at the residence of the bride's parents, by Rev. William M. Taylor, D.D., Dr. J. F. Pell Hodson and Julia May, daughter of Hon. S. B. Garvin.

MCCLAIN—BARTON.—In Philadelphia, September 25, at the residence of the sister of the bride, Mrs. A. T. Lewis, by Rev R. S. Lewis, of the M. E. Church, Charles H. McClain, M. D., to Nannie Bunting, youngest daughter of the late Irving Barton, Esq., of Philadelphia.

MCDOWELL—MCBRIDE.—On October 29, 1874, at the Spring Garden M. E. Church, by the Rev. A. J. Kynett, Frank B. McDowell, M. D., and Nannie M. McBride, all of this city.

PATTERSON—DAVISON.—At St. Clements, P. E. Church, Twentieth and Cherry streets, Philadelphia, October 22, 1874, by the Rev. Theodore M. Riley, rector, Howard Patterson, M. D., of Stroudsburg, Pa., son of the late Rev. Stearns Patterson, of the Philadelphia M. E. Annual Conference, and Miss R. Jennie Davison, daughter of the late Robert Davison, of Philadelphia.

SMITH—ELDRIDGE.—In New York city, 21st ult., by Rev. W. W. Bowdish, Laurance S. Smith, M. D., of Dartmouth, Mass., and Abbie Allen, daughter of Captain M. L. Eldridge.

WOODRUFF—ASHCROFT.—At the residence of the bride's parents, Philadelphia, by Rev. Mr. Stewart, Anna M., only daughter of Charles D. and Mary C. Ashcroft, and Dr. A. B. Woodruff, of Bridgeton, New Jersey.

DEATHS.

PALMER.—In New York city, Phœbe, wife of Walter C. Palmer, M. D., died November 2, in the 26th year of her age.

PIERSON.—At Chicago, Ill., on the 28th ult., Isabel Dana, youngest child of Dr. William and Isabel F. Pierson, of Orange, New Jersey, aged 2 years and 5 days.

POTTS.—In St. Paul, Minnesota, on the 6th ult., of paralysis, Thomas Reed Potts, M. D., son of the late Rev. George Potts, of Philadelphia, and brother of the late Rev. George Potts, of New York city, aged sixty-four years.

STELWAGON.—On the 13th inst., Tuesday morning, in Philadelphia, Anna R., wife of H. G. Stelwagon, and daughter of the late Theodore Ashmead, M. D., of Germantown.

STEVENS.—A. J. W. Stevens, M.D., died in Parkman, Me., July 29, 1874, aged 63 years and 9 months.

THE

MEDICAL AND SURGICAL REPORTER.

No. 925.] PHILADELPHIA, NOV. 21, 1874. [Vol. XXXI.—No. 21.

Original Department.

Communications.

OPIUM *VS.* BELLADONNA, WITH CASES OF POISONING,

In three separate classes, comprising those cases of opium poisoning treated with, and those treated without belladonna; also, of belladonna poisoning treated with opium.

BY T. CURTIS SMITH, M. D.,

Of Middleport, Ohio.

[Read before the Ohio Valley Medical Association, and requested to be published.]

(*Concluded from No. 924.*)

CASES OF OPIUM POISONING TREATED WITHOUT BELLADONNA.

Case 1.—Dec., 1866; male, aged 25. Took morphia sulph., 3½ to 4 grains. Symptoms.—At 3 A. M., comatose; pupils contracted; insensibility complete. Treatment. One quart very strong coffee, of which ℥vj, per enema, every ten minutes, repeated four times; also friction to surface by strong men. Recovered. Cincinnati Lancet and Observer, 1867; from Medical and Surgical Reporter; Matt. Calvert, M. D., of Miss.

Case 2.—1867; female, aged 4 days. Took Winslow's Soothing Syrup, ℥iij, in two hours; taken at 6 to 8 A. M.; saw the infant at 6 P. M., ten hours after last dose. Symptoms. Found complete coma; great pallor; skin cold; pupils contracted; respiration and pulse imperceptible; could swallow, by first shaking well. Treatment. Coffee; warm and *cool* bath, alternately; sinapisms; shaking, and sharply slapping the soles of the feet very often. First evidence of improvement at 3 A. M., following; gave it breast milk; at 8 A. M. it nursed. Gradually recovered. T. Curtis Smith.

Case 3.—1868; male, adult. Took tincture opii, ℥ij, at 7 A. M.; seen at 11.45 A. M. Cut his throat twenty minutes after taking, but failed to cut large vessels. Symptoms. Was not drowsy till 9 P. M.; at 4 A. M., next day, was narcotized. Treatment. Strong coffee, brandy, etc. Comatose at 8 A. M.; died at 12 M. J. S. Boyd, British Medical Journal, per Compendium of Medical Science, January, 1869, page 42.

Case 4. 1871, female, adult. Took morphia acet. C. G. M., 18. Seen some hours after taking. Found all symptoms of opium poisoning. Treatment. Injected into stomach 100 grains of a solution of tannin; subsequently coffee and urine injected; irritants to surface, ice water to face. These continued for two and a half hours, with alternations for better and worse; finally complete recovery. Dr. Model, *American Journal of Medical Science*, October, 1872, p. 572.

Case 5. 1872, male, aged 69. Took opii, forty grains. Treatment. Ammonia injected into veins eight hours after taking; so far recovered from this as to walk to hospital, one-fourth of a mile. After admission, at 8 A. M., dose not repeated, croton oil and coffee given. In the afternoon somnolent, sweating profusely; belladonna given, croton oil repeated. Died at 8.25 P. M. McEwen, Glasgow *Medical Gazette*, per Medical and Surgical Reporter, Vol. xxvii, p. 434.

Case 6. 1871, male, aged 30. Took tr. opii, one and a half ounces, several hours before

seen. Treatment. Exercise, counter-irritants of ammon., mustard and brandy freely; stomach washed with pump, and stimulants thrown into it and per anum; later, artificial respiration; for time apparently doing well, when suddenly there was a struggle, and the heart and lungs ceased to act. B. F. Barnes, Ill., Medical and Surgical Reporter, Vol. xxviii, p. 415.

Case 7.—1871, male, aged 18. Took opium, three grains. Profound narcotism some hours after taking; could not be waked by shaking. Treatment. Fluid extract verat. viride, ten drops, and eight drops in twenty minutes; vomited in one hour. Gradual recovery. A. C. Carrigan, Medical and Surgical Reporter, Vol. xxix, p. 161.

Case 8.—1871, male, adult. Took morphia, three and a half grains. Diagnosis, opium poisoning. Treatment. Fluid extract verat. viride ten drops; vomited freely; well next morning. Ib.

Case 9.—1873, female, aged 2½. Took pulverized opii two grains; repeated every two hours for three doses, through fore part of night; seen at 4 A. M. following. Given by another, partly by mistake. Symptoms. Profound narcotism present; pupils contracted; respiration stertorous, irregular, four to six per minute; surface cold and clammy. Treatment. Thorough emesis, and the persistent use of strong coffee every few minutes; friction to surface. Recovered. J. C. Bishop, M. D., Middleport, Ohio.

Case 10.—1874, female, aged 40. Took tincture opii, one and a half ounces; taken in the night, during a somnambulistic walk. Symptoms of profound narcotism soon followed. Treatment. Emetic, which thoroughly emptied the stomach, then gave strong hot coffee every few minutes. Gradual recovery. J. C. Bishop, M. D., Middleport, Ohio.

CASES OF BELLADONNA POISONING TREATED WITH OPIUM.

Case 1.—1867, male, adult. Took alc. extract of belladonna, five grains. Subject, H. A. Dubois, assistant surgeon U. S. A.; drug taken at 11 P. M., December 28th; no poisonous symptoms till 8 A. M. next day, then found difficulty in controlling movements; staggered; inability to read, or even see the letters; by a strong effort of the will determined what was his trouble; under a powerful effort visited his patients, but did not prescribe. Treatment. Strong coffee, whiskey, and half grain pills of morphia; these relieved the most urgent symptoms; could not read without pain for days, and the effects did not entirely pass off for two months. Recovered. *Medical Record*, 1867; *Compendium of Medical Science*, 1868.

Case. 2.—1868, female, adult. Took atropia sulph., one and one-half grains. Characteristic symptoms soon set in, but the toxical effects of the alkaloid were counteracted by two hundred drops of tincture of opium given in a period embracing eighteen hours. Recovered. D. Hayes Agnew. *American Journal of Medical Science*, April, 1868, p. 483.

Case 3.—1868, sex not stated, child, aged 3½. Took atropia, one grain, in three drachms of water. Vomiting occurred, and very promptly symptoms of poisoning. Treatment. Gave, hypodermically, morphia, one-eighth grain, soon followed by decided improvement; pulse fell from 160 to 120; respiration from 30 or 32, to 28; in forty-five minutes the child was conscious and could speak; fully restored in a few hours. Höring. Wirtem. Med. Correspondenzblatt, 1868; *American Journal of Medical Science*, January, 1869, p. 275.

Case 4.—1868; female, aged 43. Took atropia, grains 3; taken at 8.20 A. M. Symptoms.—Twenty minutes after taking, the hands were tremulous, eyes closed, drowsy; soon became greatly agitated, limbs powerless, face flushed; soon after, a pleasant delirium came on, lasting ten minutes; then slept easily. Treatment over an hour after taking; at that time, face flushed, respiration natural, twitching of hands and feet; purgative enema; emetic of mustard and tepid water, and other emetics freely, but no emesis occurred; enema operated; trismus now present. At 11.15 A. M., unconscious; heavy stupor; eyes closed; pupils dilated; muscles relaxed, excepting trismus; respiration labored; pulse good; this nor respiration counted; morphia, acet., half grain, hypodermically; repeated at 11.40 A. M.; stomach washed, injecting it afterward with ammonia and whisky; no marked effect from the morphia; faradization and artificial respiration; morphia repeated at 12 M; respirations 14, stertorous; pulse 102, full; morphia seemed to increase narcotism; flagellation; cold; stimulants. Symptoms and treatment but little changed, except omission of morphia, to 11 P. M., when she was slightly conscious, but died of suffocation at 11.10 P. M., fifteen hours after taking the poison. S.

W. Gross, *American Journal of the Medical Sciences*, October, 1869, page 401.

Case 5.—1869, female, aged 20. Took infusion of belladonna leaves, one ounce, to aqua six ounces, all taken. Symptoms. Violent agitation, incoherent hallucinations, hot skin, pulse hard, 120; pupils widely dilated, fixed; no nausea. Treatment.

R.	Solution of gum,	℥iv
	Sydenham laudanum,	℥j
	Syr. simple,	℥j.

Sig. Tablespoonful every half hour.

When she had taken half of it the symptoms had subsided, and could answer questions. No other treatment except enema of senna and salts. Well next day. Dr. Sinio, *Bul. de Therap.*, per *Compendium of Medical Science*, July, 1869, p. 76.

Case 6 —1869, male, aged 13 years. Took atropia sulph., one-eighth of a grain, hypodermically; treatment begun in a half hour. Symptoms of belladonna intoxication commenced in ten minutes, increasing to completion in a half hour. Treatment. Morphia, one-fourth of a grain in an ounce of whisky, repeated in twenty minutes; somewhat relieved in forty-five minutes. In forty minutes the dose repeated, after which the symptoms yielded rapidly. Recovered. *Compendium of Medical Science*, July, 1869, p. 80.

Case 7.—1869, male. Took atropia, one grain; treatment in twenty-five minutes after taking. Symptoms. Seized with vertigo, dryness of fauces, difficult deglutition, retching, pupils dilated, loss of vision, face livid, furiously delirious, pulse slow, feeble. Treated with morphia, one-eighth of a grain, every ten minutes until recovery. Dr. Thos. Fox, loc. cit., p. 81.

Case 8.—1869. Took atropia, one grain. Particulars not reported, but is referred to in the *Compendium* as fatal, from circumstances preventing the efficient use of morphia. Died. Ib.

Case 9.—1869, female, aged 32. Took fluid extract belladonna, one drachm. By accident took this dose at 12 M.; saw her at 1 P. M.; found all the symptoms of belladonna poisoning; after stage of excitement, the coma was profound; pulse rapid, feeble; extremities cold; respiration labored. Treatment. Emetic zinci sulph; acted slightly; gave morphia one-half of a grain per os; soon became incapable of swallowing; used sinapisms, flagellation, shaking; ammonia; dry heat to extremities; large enema of decoction of nut galls and lime water; bowels moved freely; repeated several times in four hours; operation free after each; other treatment continued; conscious after four hours; vomited; improved rapidly after that; in six hours perfectly conscious; took broth; talked freely; after six days well. Dr. T. Curtis Smith.

Case 10 —1869, male, aged 45. Took atropia, amount not stated; seen soon after taking; no opium used. Symptoms of atropia poisoning well developed, but not profound. Treatment. Emetic, mustard and warm water; vomited; stomach emptied with pump; animal charcoal, four ounces, given; carbonate of ammonia, coffee, ol. ricini next morning; recovered slowly; hair became gray rapidly afterwards; slightly gray before. F. H. Parsons, Braith. Ret., January, 1870, p. 264.

Case 11.—1869; male, aged 16. Took extract belladonna, two drachms; taken at 11 P. M. Became violently agitated at 12 M., unconscious, then comatose. These symptoms of belladonna poisoning continued till death, at 2½ A. M. No treatment used, as death did not seem to be expected by his friends. *Ranking's Abstract*, January, 1870, page 101; Hibbert Taylor, in *British Medical Journal*.

Case 12.—1869; female, aged 36. Took fluid extract belladonna, two drachms; seen in two and a half hours. *This patient was an opium eater.* Symptoms. Found her lethargic; pulse and respiration normal; muscles extremely relaxed; other symptoms of belladonna poisoning, later. Treatment. Emetic of mustard seed acted feebly, attended with trismus; friction of ammonia to spine; morphia, one grain; some improvement; repeated dose in thirty minutes, with whisky. Gradual improvement, till well. Six months later, the patient had completely lost her old habit; had taken it largely before the accident. Recovered. E. M. Webster, M. D., of Kingsville, Ohio; Boston *Medical and Surgical Journal*, January 13, 1870, page 23.

Case 13.—1870; male, adult. Took atropia, one forty-ninth of a grain, at 8½ P. M., hypodermically. Symptoms. At 10 P. M. found face flushed, head hot, pupils dilated; delirium; restless; dry tongue and fauces; dysphagia; pulse quick; fever. Treatment. Gave morphia; lemonade; cold to head; sinapisms to feet. At 2 A. M., great prostration; better otherwise; gave nourishment; stimulants; heat to extremities. Continued improvement; quite

well next day. This was a very feeble, sciatic patient. E. P. Hurd, of Massachusetts; Boston *Medical and Surgical Journal*, July, 1870, page 41.

Case 14.—1869, male, aged 65. Took fluid extract belladonna, forty drops, two hours before treatment begun. Symptoms. Found him with cold clammy skin; pulse thready; pupils dilated; difficult deglutition; comatose; convulsed; delirious. Treatment. Emetic; no emesis; tincture opii, one drachm every hour for three doses, then one-half drachm at longer intervals; improvement after second dose; rational; next morning convalescent. Recovered. J. S. Carpenter, M. D., Pottsville, Pa., Trans. Pa. Med. Soc., per Medical Repertory, August, 1870.

Case 15.—1869, old man. Took atropia, one-fifth grain. Symptoms. Acid taste in throat; embarrassed movements of tongue; muscular weakness; walking impossible; disturbed vision. Treatment. Tincture opii, ten drops, every ten minutes; each dose diminished the intensity of the symptoms; whole amount of tincture opii taken seventy-six drops. Recovered. M. Behier, *Medical Times and Gazette*, per Cincinnati *Lancet and Observer*, March, 1870, p. 161.

Case 16.—1870, female, aged 66. Took belladonna liniment, one drachm, at 11 A. M. At 11.30 mind wandering; at 2 P. M. symptoms of belladonna poisoning well marked. Treatment. Emetic failed to act; stomach pumped; coffee; at 2.45 P. M. tincture opii, twenty minims; soon one-third grain morphia hypodermically; calabarized disk to left eye; contracted left pupil; 3.30 P. M. one-fourth grain morphia; coma increasing; 4.30 P. M., morphia repeated; 6.15 P. M., artificial respiration; enema of ammonia, brandy and coffee; also galvanism every four hours. Died at 3 A. M. next day. Dr. Beddoe, *London Lancet*, October, 1870, p. 555.

Case 17.—1869, female, aged 3 years and 9 months. Took belladonna ointment, the extract thinned with glycerine; seen in one hour. Symptoms. When seen, frantically excited; conscious; pupils dilated to utmost; skin red; pulse 150. Treatment. Tinct. opii, five drops, per enema; used stomach pump, drawing off dark fluid; washed stomach with water till clear. Repeated tr. opii, five drops, per enema, every hour through the night; violent symptoms continued till morning. At 5. A. M., slept profoundly, continuing for some hours; awoke at 10 A. M.; symptoms abating; at 4 P. M, well. Dr. B. Kavanagh, *Comp. Med. Science*, Jan., 1870.

Case 18. 1869, male, aged 2 years and 6 months. Same as above, being a child in same family. Symptoms and treatment same as previous case, except the dose of tr. opii used was three drops instead of five. Recovered. Ib.

Case 19.—1869, female, adult. Took extract belladonna, fifteen grains; seen four hours after taking. Symptoms. Vomited just before Dr. Drake's arrival; perfectly delirious; face swollen and flushed, eyes injected, pupils dilated to utmost; staggered, could not walk; tongue swollen, speaks inaudibly; pulse small, flickering; muscæ volitantes. Treatment. Morphia acet., every thirty minutes till three doses; pupils then began to contract; dose then lessened and interval increased, but continued till reason was restored. Dr. Drake, of Ossean, Iowa, *Compendium of Medical Science*, Jan., 1870, p. 162.

Case 20.—1870, female, aged 4½. Took berries of the deadly night-shade, exact quantity not known; taken in the evening; seen next morning. Vomited a little in the evening; little thought of by the parents, not knowing the real trouble; during night slight convulsions; cold perspiration, with difficult respiration; when first seen there was perfect rigidity of body and limbs; pupils fully dilated, insensible and fixed; secretions all checked. Treatment. Morphia, one-quarter of a grain, hypodermically, and warm bath; no relief; repeated morphia in thirty minutes, and gave enema of turpentine and laudanum in white of egg; no effect from treatment. Died at 11. Treatment approved by preceptor. E. C. Fisher, M. D., Clifton, W. Va., being a student at the time.

Case 21.—1870, sex not stated, aged 6. Took succus belladonna, one drachm; seen in a few minutes. Characteristic symptoms of belladonna poisoning at once. Treatment. Tincture opii, twenty drops, per os, and same per rectum, repeated every half-hour until one hundred and twenty drops were taken; after third dose rapid improvement. Recovered. J. A. Little, Trans. Ohio State Medical Society, 1871, p. 89, from Dr. Lee.

Case 22.—1871, female, aged 56. Took atropia, two-thirds grain; seen soon after. Symptoms those of belladonna poisoning. Treatment. One-half grain morphia hypodermically, and washed stomach with pump; in twenty

minutes gave Magen. solution, twenty-five minims; slight improvement for an hour, then an increase of symptoms; injected into stomach caffeine and strong coffee, also the latter per rectum. then electricity; improvement; gradual recovery. Dr. C. Johnson, Baltimore *Medical Journal and Bulletin*, April, 1871.

Case 23.—1872, female, adult. Took atropia, one grain; seen two hours after taking. All the symptoms of belladonna poisoning. Drank coffee immediately, and took emetic of mustard; acted well; gave morphia, one-half grain, on arrival, per anum, also brandy and ammonia, sinking rapidly; one hour later gave morphia, one-third grain, hypodermically, repeated in ten minutes; reaction soon begun; ice to head; patient allowed quietude; better soon. Recovered. Millick and Keiper, *Medical and Surgical Reporter*, March, 23, 1872, p. 257.

Case 24.—1872, female, aged 25. Took atropia, one twenty-fifth grain, morphia, one-fourth grain, hypodermically, together. Symptoms of well marked atropia poisoning followed, as dry tongue and throat, delirium, muscular weakness and tremor, loss of vision, pupils dilated, scintillations, etc. Treatment. Morphia, one-third grain. Rapid recovery. J. M. Finney, *Medical and Surgical Reporter*, August 24, 1872, p. 177.

Case 25.—1872, male, aged 40. Took liq. atropia, thirty minims, at 3.30 P. M. Treatment. At 4 P. M., an emetic, which acted; stimulant treatment commenced. At 7 P. M., pupils enormously dilated, pulse rapid, small; respiration slow, skin cold, clammy; then gave thirty minims of liq. morphia, hydrochlor., and repeated till three drachms were taken; conscious at midnight. Recovered. Dr. MacSwiney, loc. cit.

Case 26.—1872, aged 4 years. Took berries of belladonna. Severe symptoms of poisoning to insensibility, dysphagia, etc. Treatment. Tr. opii, three minims every two hours. Total amount taken, fifty-four minims. Recovered. H. Bemon, loc. cit.

Case 27.—1872, adult. Took atropia, nine milligrammes. Dangerous symptoms of poisoning followed, and were relieved by thirty-seven milligrammes of morphia. Recovered. M. Abeille, *Medical News*, 1872, p. 204.

Case 28.—1872, female, adult. Took fluid extract belladonna, one ounce, injected into vagina. Found all the symptoms of belladonna poisoning. Treatment. Washed vagina thoroughly; gave tr. opii in small doses. Recovered. Dr. Oakley, *Compendium of Medical Science*, Jan. 1873, p. 34.

Case 29.—1872, female, aged 1 year and 6 months. Took atropia, amount not certain, nearly a grain. Found well marked symptoms of atropia poisoning. Treatment. Sinapisms, friction, morphia, one-twelfth of a grain hypodermically, in divided doses. Repeated same amount of morphia, after which gradual improvement and recovery. A. A. Shepherd, Hancock, Mich., loc. cit., p. 270.

Case 30.—1872, sex and age not stated. Took atropia, amount not given. Treated the case with tincture opii; no other treatment named. Recovered. Thomas Opie, *Southern Medical Record*.

Case 31.—1874, female, adult. Took extract belladonna, exact amount not known, probably four to six grains. Symptoms. Vertigo, blindness, muscæ-volitantes; fell to the floor insensible; pupils dilated widely; mouth dry; lips pallid; face flushed; pulse 140 to 150, full and bounding; eyes injected; respiration increased. Treatment. Morphia hypodermically two-thirds of a grain, also emetic of zinci sulph. and ipecac in warm water; repeated morphia in thirty minutes; also repeated emetic which produced free emesis; soon after this there was evident improvement, which continued to recovery. C. H. Tidd, Middleport, Ohio.

Case 32.—1870, female, aged 5. Took tincture belladonna, one drachm, two hours before treatment. Treatment. Tincture opii twenty drops every thirty minutes for four hours, then every hour for six hours, then fifteen drops three hours later; sleeping quietly in twelve hours; gradually improved; took, in all, tincture opii one ounce. Recovered. Kindly reported to me by J. B. Mattison, M. D., of Chester, N. J.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

REPORTED BY DR. JOHN B. ROBERTS.

Transverse Fracture of the Patella Treated by Adhesive Strips.

A patient was admitted into the hospital after the receipt of a transverse fracture of the left patella, from violent contraction of the extensor muscles of the thigh while wrestling.

This seems to be the most frequent cause of fractures of this bone, for, although some writers state that the patella is more often broken by

direct violence, it has certainly been the experience in this hospital that the accident is generally the result of muscular action. Dr. Levis once saw a case where the patient sustained the injury while endeavoring to carry a heavy burden, and instances where it has been produced by the muscular effort of endeavoring to avoid falling backward are numerous.

As a result of this causation, the line of fracture is generally transverse, the upper section of the bone being dragged upward, though of course *direct* violence may break the bone in any direction, and even cause a compound or comminuted fracture.

The upper fragment is usually the larger, and sometimes it would seem as if the bone was torn from the ligamentum patellæ, but this is scarcely probable.

The diagnosis is usually made without difficulty, from the inability of the patient to extend the leg, from the change in contour of the knee, and the displacement upward of the superior fragment.

The displacement at first does not, as a rule, amount to more than a half or one inch, but subsequently, by the contraction of the muscles inserted into the upper portion of the bone, and by inflammatory effusions, the distance is much increased. In this case there was, when the patient was admitted, only about a quarter of an inch between the two fragments, but this has since increased, by the causes alluded to, to a half inch.

Synovitis almost inevitably follows injuries of this character, for the knee-joint becomes involved by the resulting inflammation extending to the articular synovial membrane; hence there is nearly always a good deal of swelling from effusion of synovial fluid, and from inflammatory deposits around the joint. That synovitis is present is readily determined by making pressure at the sides of the ligamentum patellæ, where the joint is most superficial. If pain is produced, as it is in this case, it is an evidence of involvement of the serous membrane lining the joint.

It is for this reason that the surgeon should not be too anxious to apply immediately any form of fracture dressing in fractures of the patella. His first duty should be to combat the almost inevitable arthritis by applying antiphlogistic remedies, and by keeping the parts at rest. This is best secured by placing the limb in a fracture box on an inclined plane, and then also elevating the trunk somewhat, in order to relax as much as possible the quadriceps extensor femoris, which has a trunkal origin. This fracture is perhaps the only one in which it is better not to adopt prompt measures to secure apposition, but to allow sufficient time for the subsidence of inflammation.

Fractures of the patella are rarely repaired by true osseous union, by reason of the difficulty in obtaining correct apposition, the impaired circulation, and the continual bathing of the affected structures with synovia; in fact, the fragments are somewhat in the condition of the olecranon and the head of the femur after fracture; and that bony union seldom occurs in these regions is well known.

Although the cure may be as perfect as possible, yet when the patient has walked about on the limb for a time, it is not infrequently found that the fibrous tissue holding the fragments together has stretched, allowing a separation of from one to two inches. This, fortunately, does not occasion material lameness, and the only disadvantage experienced is a certain degree of weakness, with a tendency for the affected limb to become more easily fatigued than the sound one.

In treating transverse fractures of the patella, the chief indication is to obtain and preserve perfect coaptation of the pieces, which is rendered difficult on account of the action of the extensor femoris and the effusion beneath the patella. An error is sometimes committed by making too much pressure upon the upper and lower sections of the bone, without bringing any to bear directly over the centre; the effect of this procedure is to cause the fragments to tilt away from each other in front, so that, though in apposition at the articular surface, they gape apart superficially.

Dr. Levis has devised an apparatus which answers the requirements admirably, and secures most excellent results. There is first a broad pad of leather placed under the knee, then a semicircular pad adjusted above the superior fragment of the patella, with straps attached, which, running through rings in the sides of the first pad, are firmly buckled to a piece of leather extending under the sole of the foot. By this contrivance any amount of power can be brought to bear, and the more the patient endeavors to flex the knee, the greater is the traction upon the upper fragment, which is the one that the muscles tend to displace.

This apparatus is of the greatest service in cases where the injury has occurred in men of powerful muscles, but is hardly required under ordinary circumstances, and may not be at hand when required. Hence it is perhaps preferable to fulfill the same indications with the long strips of adhesive plaster, which shall be employed in the present instance.

The centre of one strip is placed above the patella, to substitute the semilunar pad, the ends are then carried down behind the calf of the leg, where they cross; after which they are brought forward until they again cross in front of the ankle, and finally pass under the foot. A second adhesive strip is placed under the lower fragment, to steady it; and lastly a third directly over the top of the knee, to prevent tilting up of the fragments in the middle. The dressing is completed by running a bandage from the toes all the way up to the hip. In many cases, this dressing will not require renewal during the whole course of treatment.

The leg of the man shall now be placed on an inclined plane for about ten days, after which, as the position will become wearisome, it shall be placed horizontally, and the extensor

muscles kept relaxed by propping up the body. In the course of about four weeks, a fixed dressing of plaster or silicate of soda shall be applied, and the patient permitted to go about on crutches.

Such is the rationale of the treatment usually adopted in simple fractures of the patella; but in compound fractures, which happily are rare, the treatment is necessarily more complex, and often requires the greatest care on the part of the surgeon.

Medical Societies.

THE AMERICAN PUBLIC HEALTH ASSOCIATION—SECOND ANNUAL SESSION.

The second annual session of the American Public Health Association commenced November 11th, at 12 o'clock, in the hall of the College of Physicians, this city. Among the prominent members of the association present were Stephen Smith, M. D., Health Commissioner of New York, president; Dr. E. Hains, Registrar of Vital Statistics, secretary; Dr. John H. Rauch, late Sanitary Superintendent of Chicago; Dr. Edwin M. Snow, Superintendent of the Board of Health, Providence, R. I.; Dr. Ezra M. Hunt, president of the New Jersey Sanitary Commission; Dr. J. J. Woodward, surgeon United States army, Washington; Dr. J. S. Billings, surgeon United States army; Dr. B. C. Miller, Sanitary Superintendent of Chicago; Dr. Desault Guernsey, of Amenia, New York; Dr. Mænnheimer, Sanitary Inspector, Chicago; Dr. J. J. Quinn, Health Officer of Cincinnati; Dr. Thomas L. Neal, Health Officer of Dayton, Ohio; Dr. S. J. Jesson, Health Officer of Pittsburg; Dr. Samuel C. Busey, of Washington; Dr. C. F. Rodenstein, Sanitary Inspector, New York; Dr. J. M. Woodworth, Supervising Surgeon United States Marine Hospital, Treasury Department, Washington; Dr. Heber Smith, Supervising Surgeon, Marine Hospital, New York, and Dr. J. M. Toner, of Washington, D. C.

The President, Dr. Stephen Smith, made a few introductory remarks relative to the progress of the work of the association during the past year.

Prof. Henry Hartshorne then made an address of welcome, after which he read a paper on "Excessive Infant Mortality of Cities and the Means of its Prevention."

J. R. Black, M. D., of Ohio, next read a paper on "The Influence of Hereditary Defects upon the Health of the People, with suggestions in regard to Prevention and Eradication." From this paper we make the following abstract:—

He said that the doctrine may now be said to be established that organization and function are one, or that there is in the body no independent spirit or principle apart from that inherent in the various forms of organized matter. The popular exclusion of this doctrine in questions of hygiene and of ethics, or the trust reposed in addressing every reformatory effort of this kind to an abstract ethereal entity either in or above ourselves, is justly chargeable with the terrible indictment of being the main influence by which mankind have been made the most pain-stricken, the most sickly, the most frequently and fearfully deformed, and the most likely to die at an untimely period, and as malefactors in torment, and for the vindication of law, of all other animated beings.

It has caused worthy persons to believe that afflictions and sickness are sent, not brought upon ourselves, and that while it is a binding duty to care for the sick, the deaf, the maimed, the idiotic, and the insane, it is scarcely thought to be obligatory in a public or personal sense to prevent, through purely mundane instrumentalities, any or all of these evils from ever afflicting our race.

A hereditary defect may imply a disease directly transmitted, as in syphilis or scrofula; or a deformity, as in harelip, or simply tendency to some disease, as in insanity or tuberculosis. The way in which ordinary forms of hereditary defects originate is not difficult to comprehend. It is often practically demonstrated to every competent observer, especially in the large cities.

As a rule, the residents of a salubrious country district are freer from taints of blood and defects of organization than those of a city, and a removal of persons into the latter place produces an impairment in health of a transmissible quality. The digestive organs are the first of the vital harmonies to fail from bad habits of life.

If those habits be continued for a generation or two an inbred weakness of these organs will become an inheritance of the offspring. If the infringement of vital law consists of great mental strain, or in the continued and excessive use of stimulants and narcotics, some form of nervous impairment will ensue, which, if prolonged, may end in insanity or predisposition to attacks of nervous disorder.

If the syphilitic taint is engrafted upon the blood, this, with insufficient out-door exercise, and the long-continued breathing of impure house air, will be sure to give rise to pulmonary consumption.

Those who have given the laws of health any attention are aware that there are few persons who do not violate them, nor is obedience at all impracticable.

Of late the achievements of science have actually tended to produce an increase in the number of degenerate men and women, because every one does not know and act for himself in sanitary matters, but relies on the knowledge confined to a few scientists. The latter cannot manipulate health, vigor, and good constitutions into their fellow-beings.

The first and great requisite to prevent all this is knowledge of what constitutes true vigor,

sympathy, and health. Not a very few persons are of the opinion that these conditions are very well known to the popular mind. Observation has led to a very different conclusion. Many have gained vague ideas on the subject most frequently from those who have more vanity. A few thoroughly understand the purpose of one or more of the conditions of health, and, perhaps, attach an undue importance to them. This knowledge, to be useful, needs to be personal and thorough; no mere elementary smattering to which the mind may passively assent, but such a deep and thorough familiarity with the subject which will enforce the conviction that the alternatives of pleasure or pain, health or sickness, long lives or short ones, are, except from chances infinitesimally small, wholly in our power. Precisely that which prevents sickness will also prevent the stamping of an inherent defect upon the organization.

Dr. Richardson, of this city, at the conclusion of the reading of Dr. Black's paper, made a few remarks on the subject of hereditary diseases, which he argued was the effect of a law of nature, the opposite of the "survival of the fittest," and which he had formulated three years ago as the "extinction of the unfit."

Dr. Samuel Osgood, of New York, spoke of the hereditary tendencies in the disposition of children which he had noticed in his pastoral duties. He had asked whether hereditary tendencies were easier to check than those of a personal origin, and was glad to hear that they were. As to the survival of the fittest, he contended that that was not always the case. The worst men and brutes very frequently outlived the best of their fellows.

A paper on "The Health of the Tenement Populations and the Sanitary requirements of their Dwellings," by Edward H. Janes, M. D., of New York, was next read by the secretary, as Dr. Janes was not present.

The next paper was a report upon the death-rate of each sex in Michigan, and comparison with "Dr. Farr's Life Tables of Healthy Districts of England," by H. B. Baker, M. D., secretary of the State Board of Health. Dr. J. S. Billings presented a paper on hospital location and construction, from which we make the following extract:—

Experience has shown that large and costly hospitals, even on the pavilion plan, are not necessarily free from the evils indicated by the word "hospitalism;" and practical trial, in our late war, repeated and confirmed more recently in Europe, has led to the recommendation that hospitals should be temporary wooden structures, intended to last but ten or twelve years. The good results obtained in our large military hospitals were not alone due to their temporary character, for the morbific element due to length of occupation did not have time to develop in them. They were better located than civil hospitals, being in the country, where there was plenty of room and fresh air. The class of patients was better, the control over them more efficient, and they were more readily classified than in civil life, thus lessening the evil (to which I shall presently refer) of placing a number of men in one room with different diseases and wants.

When cases of xymotic disease occurred, tents were largely used, and the more they were employed the better the result. In an economical point of view, it is evident that if one-half the money required for brick or stone structures was used to erect plain balloon-frame wooden buildings, and the other half were invested at ordinary rates of interest, at the end of about twelve years the amount of money on hand would be what it was in the beginning, the old buildings could be removed, and the process repeated, thus giving a new hospital every twelve years. The necessary buildings for the care of two hundred patients should be constructed for about $50,000. The smaller the number of patients, the greater the cost per bed. Thus a hospital for one hundred patients will cost about $35,000, for fifty patients $12,000, etc. Our large metropolitan hospitals usually are, and should be, connected with medical schools, and, on account of accessibility, it is generally considered necessary to place them in or very near the city, where space is limited and costly. Dr. Billings doubts very much whether this supposed necessity exists, and whether it would not be possible to place hospitals five or ten miles away from the city, where they could have ample space, and place the medical colleges with them.

The paper also states many special advantages which pertain to floating hospitals, a class of structure of which more use could be made. It is suggested that a floating hospital might be constructed on flat-bottomed boats, radiating from a central triangle or polygon. Such a hospital could most conveniently be arranged for three hundred beds or less, and where space can be more conveniently obtained on water than on land would serve an excellent purpose, but the temporary character of the structure must be insisted on.

Two valuable papers, one on the "Sanitary Relations of Hospitals," by William Pepper, M. D., the other on "Hospital Architecture, and the Perfect Ventilation of Hospital Wards," by Carl Pfeiffer, of New York, were next read, and, together with all the preceding papers, referred to the Committee on Publication.

The last hour of the afternoon session was passed in a conference of sanitary officers and others upon methods and experience in the public health service. The subject was introduced by Professor Le Conte, who read a paper on the subject of the Organization of Municipal Boards of Health. The gentleman prefaced his remarks with a quotation from a recent letter from Paris, France, in which the neatness of Paris streets was described. Prof. Le Conte said the fundamental cause of most of the complaints in regard to the inefficiency of officials arose from the fact that those in authority were chosen without due regard to their fitness for the duties to which they were assigned.

The speaker then presented a plan for the formation of the board, which would do away with many if not all the evil results of the present system. He recommended that the members should comprise three classes of citizens: First, students of sanitary science, to be appointed or recommended by some responsible medical organization; second, business men eminent for prudence and thoroughness in the discharge of their duty; and third, politicians or men familiar with the workings of the municipal departments. The duties of the first would be to determine and order what is necessary to the public health; the second to see that it is done with the least possible inconvenience and expense to citizens, and the third to procure the necessary appropriations.

The afternoon session was then adjourned.

EVENING SESSION.

The evening session opened at half-past seven o'clock, with a large attendance. A fair proportion of the audience were ladies. Hon. Morton McMichael presided, and introduced the exercises of the evening with an address. At the conclusion of the honorable gentleman's address, Rev. Samuel Osgood, D.D., was introduced, and delivered a discourse on "The Relations of Health and Higher Culture."

The speaker, after noting the difference between modern society and the society of the ancients, said that the demands upon us had increased until we were in danger, as a race, of becoming nervous, sickly, and discontented. Health, he continued, was a part of higher culture, for without a sound body there could not be a sound mind. If life was the continuous adjustment of outward and inner relations, then health could only be obtained by a patient study and religious following of nature's laws. Whatever might be the aspirations of the soul, our knowledge must come through the senses, but unless the senses were perfect in action and thoroughly trained, the mind could not be advanced. Reference was then made to the bad methods of cooking food in this country. He said our vices and follies come in great part from what goes into the mouth. The cannon and the sword had at times done terrible work, but the pipe and the bottle, the cigar box and the whisky cask, were likely to beat them both.

Prof. S. D. Gross, M. D., then read an elaborate discourse upon "The Factors of Disease and Death after Injuries, Parturition, and Surgical Operations," a paper on hospitals in their relations to public health interests, and the economy of perfect care of the sick and hurt. In his treatment of the subjects, Dr. Gross particularly dwelt upon the necessity of employing the most scrupulous neatness in all surgical operations. In speaking of the effects of bad drainage, mention was made of the appalling epidemics which raged for a time in a ladies' school at Pittsfield, Mass., and later at a hotel in Washington. The poisons of infectious and cutaneous diseases were next treated. The speaker related many instances in which the poisons of various diseases were communicated from person to person in an almost unaccountable manner. The specific poisons of cholera, diphtheria, small-pox, scarlatina, were referred to as particularly tenacious and potent. The average mortality from zymotic diseases was 26½ per cent of all deaths.

In treating of hospitals the Doctor said very plainly that the mortality in most of them was frightful. The Episcopal Hospital and the Hospital of the University of Pennsylvania were referred to as well planned. He said, however, that no single ward should have more than six or eight beds, and no hospital should accommodate more than one hundred patients. The Doctor referred in warm terms to the necessity of erecting convalescent hospitals, where patients who had passed the crisis of disease could recover their strength without danger of infection from persons afflicted with other diseases. The discourse concluded with a graphic description of the condition of the tenement districts of great cities and the means whereby they might be renovated.

On motion, a vote of thanks was unanimously tendered to Rev. Samuel Osgood, D. D., and Dr. Gross, for the interest they had afforded.

The association then adjourned.

Second Day.

The association convened at nine o'clock. President Stephen Smith, M. D., occupied the chair; Dr. E. Harris, secretary. The first paper presented was on the subject of "Building Ground in its Relation to Health and Disease," by Ezra M. Hunt, M. D., president of the Sanitary Commission of New Jersey. It states that the condition of the ground has very much to do with all questions of health. The character of the soil, the degree to which it can dispose of all that comes in contact with it, whether in the form of gases of animal or vegetable decay, or of pure and impure liquids, all have intrinsic and vital bearings upon human health.

Where natural transformations are in no wise interfered with by art it is wonderful to see how processes involving productions inimical to health are so conducted as to be entirely consistent with vigorous existence. While decomposition is the rule, evil therefrom under natural conditions is the exception. While, for instance, enough carbonic acid is produced each day to kill all the inhabitants of the earth, yet it is so well managed as not to interfere with the health of man as animal. But the very moment a spot comes to be builded upon it is by necessity placed in abnormal conditions.

The building clears the ground of that herbage which had no unimportant sanitary office in appropriating the products of the decay. It covers it from sunlight and sun heat, and necessarily makes its condition as to these quite different. It interferes with the range of the winds, and modifies the immediate thermometric and hygrometric condition of the atmosphere. It throws the rain-fall into streams upon the

ground around its sides, rather than allowing it to diffuse itself as it does in drops.

It is believed that one of the causes of the prevalence of such fevers as typhus and typhoid in the winter, is that the greater inner heat of houses causes the currents of air from the surrounding ground to set to them, under the general law of currents as affected by heat. If the soil air is polluted by sewerage or only by the interruption of those processes which Nature has instituted for purifying it, we are sharers in that contaminated air.

The fact of water in the ground is more apparent than that of air, but still its relations thereto are underrated in its sanitary bearings. There is a depth varying with the soil and locality at which the ground water is in general intended to fill up the space between earth particles But in several feet of the ground nearest to the surface it is intended that the soil should have both air and water in circulation. Between them and heat there is a correlation and conservation which is conducted as wonderfully and as scientifically below ground as above it.

This condition, when uninterrupted, tends healthward, but when suspended contaminates the ground. The capacity of the ground for air is already shown, and by expelling the air from dried earth, or, in other words, by pouring into it water, we find its capacity for water. Such grounds as we are familiar with will thus take in fifty per cent. in volume of water, and even most marble will hold four per cent. The paper further states that in cities we need more dry-earth system. Perfect under drainage is the first great need of most cities. Regulations of cellars, and of all other holes below the surface, is the next great study.

We must get the homes of the people on a better foundation than damp, water-soaked, air-polluted, filth-burdened ground.

Remarks on Dr. Hunt's paper were made by Professor Henry Hartshorne, of this city; Dr. John H. Rauch, of Illinois; Dr. Ray, of this city; Dr. Bell, of New York, and Dr. John A. Stewart, of Baltimore. A motion made by Dr Hartshorne, that the paper should be referred to the Publication Committee, was carried.

Dr. S. C. Busey, of Washington, D. C., presented a report upon the gathering, packing, transportation, and sale of fresh vegetables, fruits, competent inspection, and free markets for producers.

Dr. Busey said it was his intention to briefly invite the attention of the association to a few suggestive inquiries, with the view of securing, through a competent committee, a thorough consideration of the effects upon public health of the deterioration of fresh vegetables and fruits as offered for sale in the markets of the principal cities of this country, and how far this deterioration is attributable to the manner of gathering, mode of packing, and transportation from the farm or garden to the city markets.

Masses of consumers could not be supplied with vegetables and fruits in the same state of freshness and perfection as the rural population, for all must admit that, under the most favorable conditions, with every requisite care, many vegetables and fruits rapidly lose freshness, flavor, and nutrient qualities. In our American cities, the summer intestinal disorders and digestive troubles usually begin with the introduction of certain fresh vegetables. The influence of improper hygienic agencies of foul exhalations at this time of the year was conceded, but intestinal diseases frequently found their cause in that which is ingested.

Even among very young children, the intestinal diseases are frequently directly traceable to the ingestion of unwholesome fruits and vegetables; nor is the nursling exempt from the danger, even though the deleterious influence may only reach it through the defective milk supply of the mother, feeding upon immature or deteriorated vegetables and fruits. Intestinal diseases, both among adults and children, are comparatively rare in the farming regions, and both classes of the rural population, adult and infantile, are more generally consumers of fruit and vegetables, and suffer less detriment therefrom, than like classes of the population of cities.

The paper then describes in detail the processes by which vegetables are made unfit for food, and concludes by recommending a system of competent sanitary inspection as a remedy for the imposition practiced in the sale of fresh vegetables, entrusted to officials skilled in the art of gathering and packing, and in the transportation of vegetables. He also advocated free markets for the producer.

On motion of Dr. John H. Rauch, of Illinois, the paper of Dr. Busey was referred to the Publication Committee.

Invitations were accepted from Dr. Kirkbride, physician in charge of the Pennsylvania Hospital for the Insane, and from the authorities of the Jewish Hospital, to visit those institutions.

The association then adjourned until half-past 2 o'clock.

AFTERNOON SESSION.

At the afternoon session Dr. Edwin M. Snow, superintendent of health, Providence, Rhode Island, occupied the chair. The first paper, by Dr. E. Harris, of New York, "A report upon the vital statistics, and the methods of public health administration in the cities and large towns of North America," was not read, on account of its extreme length, but was referred to the committee for publication. Dr. Joseph M. Toner, of Washington, D. C., then read an elaborate treatise on "Conditions and accidents which endanger, limit, or prevent vaccination from giving full protection from small-pox."

From this paper we make the following abstract:

Vaccinators in Great Britain are required to stand an examination as to their qualifications before receiving an appointment. I apprehend that great benefit would accrue to the people of the United States if the public vaccinators were appointed by State and city governments. I

but assert the conviction of not only every medical man, but of every intelligent citizen, that a properly performed and successful vaccination, whether with humanized or animal virus, is as complete a protection against small-pox now as it ever was, and is a more perfect prophylactic than we possess against any other known disease

Spurious Vaccination.—This general head may comprise all we have to say on deviations in the character of vaccine virus, and deviations from the normal course of the true protective vesicle. Perfectly good vaccine lymph, even in the primary vaccination, may produce a spurious pustule, and consequently secure no immunity from small-pox, and it is the duty of the vaccinator to remedy and detect this accident. If the papular state be hastened, the vesicle will be illy formed, and the lymph opaque and unfit to use in propagating the disease, and does not promise complete protection. The centre of the vesicle in such a case is not well defined, and the regular stages of the early development have been interrupted, and the areola either does not form or is not of normal appearance. A condition must always be suspicious in the development of any undue itching set up about the second or third day. Where the papulæ assume a conoidal shape about the fifth day, and have a straw-colored or opaque lymph, or broken, ragged, weeping vesicle, with an ill-defined areola about the sixth or seventh day, it can at once be pronounced as spurious. Vaccination may be retarded somewhat in its course, but I think it can never be accelerated beyond a day or so without destroying its protective character.

When the reading of this paper was concluded, Dr. Moreau Morris, of New York, said that the first point seemed to be how to get vaccine virus. So far as his experience extended he was satisfied that humanized lymph was equally protective with bovine. Concerning the collection of virus, its use, and its introduction, he referred to the mode of collecting virus used by physicians, and said that he believed the vaccine should be kept at an even temperature, and not preserved beyond a certain length of time. Physicians should be assured that the system had been thoroughly saturated with the virus before regarding the vaccination as protective.

Dr. Snow stated that out of five hundred children vaccinated by him only one had afterwards taken the small-pox.

Dr. Toner's paper was, on motion, referred to the Committee of Publication, after which Dr. Edwin M. Snow read a paper upon the question: "Does Small-pox Become Epidemic?" After reviewing the apparent epidemics of small-pox which had visited American and European cities, from time to time, the Doctor said: It seems that we may safely conclude that the small-pox of the winter of 1872–73 did not possess the important characteristic of a true epidemic, of being widespread over the country at the same time. We understand by an epidemic influence some cause of disease which is widespread in its effect upon the people, which is independent of the ordinary or sporadic cause or causes, and which in itself and by itself has some power toward producing disease. Take for illustration: When Asiatic cholera is truly epidemic there is widespread over the country an influence which, of itself, tends to produce cholera, and which, in connection with local causes, does produce it, and without which the cholera cannot exist, even though all the local causes may be present. Can we conceive of any influence that can be directly called, in connection with small-pox, epidemic? One hundred cases of small-pox occur at the present day without contagion, either direct or indirect. My conclusion is that the great prevalence of this disease in Philadelphia in the year 1871, and in other cities, from time to time, had no connection with any true epidemic influence, but was due solely to the great number of cases of disease existing at the same time in a crowded city.

The hour for conference, which was set apart at a previous session, having arrived, the discussion was opened by Dr. Kirkbride, who said that he agreed fully with those who objected to old hospitals, but he thought a new hospital could be made out of an old one by taking out the plaster and thoroughly renovating the building. He preferred large permanent buildings, for he believed that if rightly constructed they were much more efficient than temporary cottages or pavilions. For heating he recommended the use of steam; it circulated in every direction and was completely under control.

In regard to ventilation, he believed that pure air could only be secured in two ways, either by a fire or a fan. Windows were of no importance to ventilation. There was not sufficient movement in the air, with all the windows open, to secure good ventilation. With a fan, perfect ventilation could be obtained without doors or windows. He believed that the best constructed and best managed hospital was always the cheapest in the end.

Dr. John M. Woodworth, of Washington, D. C., said the causes which render a hospital unhealthy were due to the emanations of diseased persons. Wounded or separated surfaces were particularly sensitive to these poisonous influences. The speaker had the honor of recommending to the Government the pavilion plan, and believed it one of the best in use. The only strictly permanent parts of a hospital should be the executive departments, the kitchen, store-rooms, etc. The remainder should consist of detached buildings, placed at a distance from each other of not less than twice the height of the buildings. Each floor should contain but one ward, and if two floors and wards were admitted, the ventilation should be separate for each ward.

Dr. Ray, of Philadelphia, said that he believed a forced ventilation was absolutely necessary. The idea of leaving it to the natural motion of the air appeared to him very childish.

Concerning hospital construction, he was gratified to find the matter was attracting so much attention. Numerous hospitals were being erected in all parts of the country, and the question as to what plans were the best should be settled as soon as possible. Dr. Ashurst had almost lived in a hospital for fifteen years, had given such institutions much time and attention, and although pavilion wards were excellent, both in theory and practice, yet he did not think the objections urged against permanent buildings valid. He thought that in large cities they would be in every way preferable. The Doctor then alluded to the impression which seemed to have gained credence among many that hospitals were imperfect, were little better than pest-houses, and worse than nothing. He called attention to the fact that they were generally filled by the poor of the city, and if their cases were treated in such residences as the city poor inhabit the mortality among them would be far greater than that possible even among the worst managed hospitals. He believed that a large proportion of the hospitals in this country were much better than it was generally supposed. It would be manifestly unfair to compare the statistics of general surgical practice with hospital statistics. Those who were sent to hospitals generally were so saturated with poisons emanating from crowded tenement districts that they possessed but little vitality, and were unable to withstand the shocks of surgical operations or the ravages of disease.

Dr. J. S. Billings said that it was folly to expect the medical staff of a hospital to superintend the hygienic departments. He thought this duty should devolve upon a superintendent appointed for the purpose.

On motion it was resolved that Dr. Bell's paper should be read at half past 3 o'clock to-day.

On motion the reading of Dr. Brown's paper on "Yellow Fever on the Dry Tortugas" was deferred, as the author was absent and time pressing.

The next paper was on the "Causation of Scarlatina, with reference to the contagious and epidemic attributes, as illustrated in the course of that disease in the twenty-fourth ward of New York." Dr. C. F. Rodenstein, the author, stated that there would not be time to read the treatise. He then explained that by a series of experiments he had discovered in one locality that the disease was spread almost entirely by the drinking water.

Benj. C. Miller, M. D., sanitary superintendent of Chicago, then briefly sketched his paper on the "Methods of Treatment of Gases from Rendering Tanks, and the Disposal of Tank Offal." He stated that if the progress in the future was equal to that which had been made in the past, there could be little cause for complaint against the packing-houses of Chicago. Adjourned.

EVENING SESSION.

The exercises began at half-past seven o'clock, Dr. W. S. W. Ruschenberger in the chair. The first paper in the regular order of business was on "Practical Applications of Chemistry in the Public Health Service," by Professor Charles F. Chandler, M. D., LL.D., but, on account of the absence of the author, the discourse was omitted.

General E. L. Vielé, civil engineer, presented a paper on "Principles and Practice in Drainage and Sewerage, in Connection with Water Supplies." The speaker said that it sometimes seemed to him that it required more skill and true courage to conduct a sanitary campaign than to marshal an army. Of all the problems presented by the subject, none were more important than those connected with drainage and sewerage. Water was unceasing in its activity, ever destroying and renewing. It should be studied everywhere, in the forest and in the fields; but, more than all, it should be studied in the city. The portion which was retained in the soil was the cause of much of the disease which afflicts mankind. The after-effect of malarial diseases was then alluded to, showing that though the patient might recover, it would be almost impossible for him fully to regain his former health.

A report on the condition of some parts of Salem, Mass., was then quoted, showing that near portions of flat land, where waste water was allowed to collect, many fatal cases of typhoid fever occur every year. General Vielé then read a report of a recent meeting of the Board of Health in this city, showing that even Philadelphia was not immaculate in a sanitary respect. He said the key of a practical system of drainage was the topographical nature of the country. He wished it understood that drainage was for the purpose of carrying off the surplus water of the soil. Sewerage was intended to carry off the waste water of towns and cities. The two could seldom be combined. The streets and avenues of a town should be run in such a direction as to facilitate natural drainage. If this had not been done in the first place, under-ground drains should be run in the direction of the original water courses. In New York miles and miles of streams permeated the original topography, and now, without drains to replace them, acres and acres of buildings had been erected on the island. Every dwelling should have drains around it, connecting with some general outlet. The chief source of the great fever epidemics was an undrained soil. Experience had shown that in the country, in insalubrious districts, the laying of drains had always been followed by a decrease in the death rate. In the country the wells were generally little better than reservoirs for waste water. The use of hydraulic cement would obviate all this, and the overflow of the cesspools should be made to filter through charcoal.

Allusion was also made to the construction of mill dams in the country, by which water was kept standing which should be in motion. The rushing torrents of our rivers were everywhere stopped for the purpose of obtaining water-power. The soil in all directions would in-

variably become permeated by surplus water, and the bottom of the dam was also covered with refuse. The evil extended over the entire country. What is the remedy? The speaker would not have a single factory stopped; he would increase the number, and, if possible, consume every drop of water for the uses of manufacture. But he would have the dams so constructed that the water could not escape from the bottom or sides, and so arranged that every particle of vegetable matter could be removed.

Speaking of sewerage, General Vielé said that even with abundance of water the sewerage of almost every large town and city was defective. The problems connected with sewers were numerous and intricate. The great cities of London and Paris had labored for centuries to provide for the rapidly accumulating population. The principle trouble had arisen from the fact that the plans were not large enough in the first place. As well expect the veins of a child to hold the blood which courses through the veins of the man, as to expect sewers made for a town to carry off the waste water of a city. The plan of sewerage to be effective must not only be comprehensive in design, but must be based on an anticipated growth of population. The principal points to be considered were: First, the original configuration of the ground and natural valleys of drainage; second, the artificial changes of the natural surface by the grading of streets and avenues; third, the rainfall or amount of water discharged from the clouds during the year upon the area to the sewers; fourth, the water supply or amount of water distributed to the inhabitants daily. The main difficulty was what to do with the accumulation of the sewers. The various theories proposed and the few practiced were next cited. Captain Lanor had invented a system which would be worthy of attention if it could be carried out successfully. The cases in this country where the sewage of towns was deposited in rivers above where other towns or cities procured their supply of water were next referred to. The speaker concluded by saying that the progress made in sanitary reform during the last decade was a happy augury of what might be expected in the future, but the field was large and the laborers were few.

Professor Edward Orton, president of the Ohio Agricultural College, next read a discourse on "Certain Relations of Geology to the Water Supplies of the Country." The speaker said that the difference between geology and sanitary science was that the geologist studied the water supply as a whole; the sanitarian only as an element of man's health or disease. The springs which issue from the mountain glen were generally very pure. The compounds of soda, iron, lime, or magnesia, were often present in what was supposed to be pure water. Mineral substances held in solution were often factors of disease. There was, however, a distinct class of substances of organic origin which many streams took up. These substances were seldom poisonous, as vegetable matter held in solution was much less harmful than when allowed to escape through the air. Animal matter in solution was, however, very poisonous. Cases were cited in which whole families, and sometimes streets of families were stricken with fever by drinking water impregnated with animal matter.

In regard to the effect of geological structure on the water supply, the speaker said that in some parts of Ohio much of the supply came from what is called the drift. There were sections in which the surface was composed of the "blue clay," which was almost impervious to water. In other sections the "blue clay" lay at the bottom; above it was a porous rock which acted as a filter, so that the water from that region was particularly pure. Speaking of wells, the Professor said there was a great deal of misapprehension in regard to subterranean waters. A little calculation would show that subterraneous streams, as popularly imagined, were very rare. The porous rocks were the natural filters, and if they were given sufficient time they could change the water of a sewer to sparkling spring water. Yet it should not be supposed that clear water was necessarily pure any more than cold air is necessarily pure. The conclusion which geology turned over to sanitary science was that drift wells were generally so contaminated as to be prolific sources of evil. Fevers and pestilence were less to be dreaded than those insidious agencies, which lower the tone of the system, and leave it open to the attacks of disease. In answer to the question, "Where shall we find pure water?" he would answer from wells, from springs, and running streams, but these must be carefully guarded. If wells were rightly located and constructed they would yield pure water.

On motion a vote of thanks was tendered to General Vielé and Professor Orton for their admirable discourses.

Third Day.

The association reassembled at nine o'clock. President Stephen Smith, M. D., occupied the chair. Dr. H. B. Baker, secretary of the Board of Health of Michigan, presented the association a portfolio containing specimens of poisonous wall-paper collected in different parts of the State. Prof. J. LeConte, of this city, said he was glad the subject had been opened, and called attention to the indiscriminate use of poisonous substances in agriculture. He thought the matter should be referred to a scientific commission.

Dr. John M. Woodworth said that every man of science in the United States viewed with horror the extent of this abuse. He moved that the Executive Committee should be requested to consider the propriety of appointing a special committee to confer and report on the subject. This was carried unanimously.

A communication from Dr. Francis Bacon, of Yale College Medical School, inviting the asso-

ciation to hold its next annual meeting at New Haven, Conn., was laid on the table.

It was announced that the subject of slaughter houses in large cities would be discussed some time this morning.

Stephen Smith, M. D., of New York, then read a paper on "The Reciprocal Relations of the Public Health Service and the Highest Educational Qualifications of the Medical Profession." From this we make the following abstract: This review of the state of the medical art during the early periods of Roman history conveys a suggestive and useful lesson. If we were to search our statistics for evidences of the rank and position of the medical profession, as we search the Justinian code for substantial proofs of the position of the medical profession at Rome in different periods of history, we would find the highest conception of a physician to which American law had attained was defined by competent legal authority as follows: "The term 'physician' may be applied to any one who publicly announces himself to be a practitioner of this art, and undertakes to treat the sick either for or without reward" (Ordronaux). We might very justly infer from this definition that medicine as a science and an art was unknown in this country, and that medical practice was placed on the same plane as the most common trade, and our conclusions from these data would not only be logically correct but they would be historically true. Before the law medicine has occupied the position of the most ordinary handicraft, and has been subject to the same legal restrictions and obligations. While the historian who consulted only our statute books might reasonably conclude that scientific medicine had no recognition and hence no existence in the United States for one hundred years, our literature and our institutions would give ample evidence of not only the existence of medical science and medical art, but of its activity. A more rational conclusion to which the philosophical historian would come would be that scientific medicine secured and maintained whatever rank it held by its own unaided efforts.

After expressing a hope that in future the term physician might be better defined than in the past, the Doctor continued: It requires but little penetration to discover that there is a growing confidence in American communities in preventive medicine. Public health service can never inspire the proper degree of confidence unless it is sustained by medical science and medical art, in their highest degree of development. This science wears an organization with every needed scientific appointment, which shall be capable of searching out all the hidden sources of disease, and be of service in warding off pestilence, or mitigating its severity. It will also seek out and correct all those conditions which tend to deteriorate the physical condition of each generation, which impair development, and which diminish longevity. Its real efficiency and success must depend primarily upon the state of development of the medical sciences, the extent to which such service relies upon these sciences, and in their application in practice. The relations between the two, health source and the development of scientific and practical medicine, were assumed by the writer to be reciprocal, inasmuch as they were so intimately related that it was impossible for the former to advance without a corresponding advance of the latter. The paper continued upon an elaboration of this statement, finally closing with a hope that the Centennial of American Freedom should also see the centennial of Public Health Service, and mark its close union with an advanced medical profession.

Dr. Frederick R. Sturgis, M. D., of New York, followed with an exhaustive paper upon "The Relation of Syphilis to the Public Health," after which Dr. George M. Beard, of New York, presented a paper on "Hay Fever, or Summer Catarrh." This paper shows that, from facts which Dr. Beard has gathered, he is obliged to make deductions diametrically opposed to all existing theories respecting hay fever. He regards it a complex, and not a simple disease. The first factor is a nervous temperament. The second is heat following cold. The third factor is some exciting cause, as dust, cinders, hay (fresh mown), etc. None of these exciting causes are alone competent to produce hay fever. A person who has no predisposition to it cannot take the disease from any one of the exciting causes. Indigestible food may superinduce sick headache in persons with a weak stomach, but the same food will not give sick-headache to those who are very robust. It is most frequent in persons of nervous and nervo-bilious temperaments, and is confined to the temperate zone. Nervous patients are more benefited by a trip South than consumptive patients. It is hereditary. There is no other disease of which the hereditary character can be more distinctly proved by statistics. It is peculiar to modern civilization. It is increasing steadily as nervous diseases are increasing. The symptoms of the disease are markedly of a nervous character. The suddenness of the symptoms, the instantaneousness by which they may be cured, all point to the nervous character of hay fever.

An important element in the production of the disease is, next to predisposition, heat following cold. Where heat is steady, as in the South, hay fever and all nervous diseases are rare. In the absence of predisposition the exciting causes are powerless to produce the disease. It may come on in a mild form by exposure to heat or confined air at any time of the year. Like other nervous diseases, it acts vicariously, and is benefited by the tonic influence of mountain and sea air. The remedies which are most beneficial in hay fever are mere tonics. The plan of treatment which the Doctor proposes is, first, to prevent the disease; the patient should early in the spring begin a course of tonic treatment. It is probable that such a treatment would have the effect, with many cases, of bridging over the season, or, at least, of making the attacks milder. When the dis-

ease appears the great dependence must be on local treatment, combined with tonics. The Doctor, after naming some of the medicines which might be administered, said the theory that infusoria in the nasal organs was the cause of this disease could not be proved. It had been shown that infusoria were found in the nasal organs at all times, and even if they were found during the progress of the disease, no one could prove that they were the exciting cause. It was the common boast of the hay-fever army that the disease was peculiar to the intellectual classes. They rejoiced that however terribly they suffer, they are at least in good company. It was certainly true that the majority of cases were of a finely organized type. They were simply the persons who suffer from nervous diseases of all kinds. Concerning the pollen theory he would only say that it was entirely untenable.

The Doctor concluded by recommending a course of tonic treatment as a means of prevention, and if that failed, mountain air and local treatment as a means of cure.

John C. Peters, M. D., of New York, read a paper upon "The Stealthy Introduction and Spread of Infectious Diseases in Large Cities."

Influenza (the first disease mentioned in the paper), Dr. Peters said, has generally been regarded as the very type of an atmospheric affection, arising from some distemperature of the air, or from a special agent profusely developed in the skin, like ozone. But Parkes correctly concludes that influenza cannot be caused by a gas, for no gas could be spread very far or wide without extreme dilution, and utter dispersion and destruction. He also suggests that it cannot arise from any molecular matter driven through the air like the pollen or odor of plants, such as causes hay or rose catarrh. The conclusion is almost irresistible that the agent or cause of influenza cannot depend upon one primary and single origin. All the phenomena of its spread show that it must, in its transit, constantly and copiously reproduce itself, somewhat like the catarrhal poison of measles. There must be an incessant reproduction of the agent in each new place where it shows itself. This reproduction must either take place in the air, or in the bodies of the sick. If it increases in the air, then some force successively changes the elements of the atmosphere, like in the formation of ozone, or else the increase is a vital one and constantly in the enormous development of some infectious substances.

To account for the mode and prolonged spread of influenza, we must believe that the particles of the body pass off in myriads from each sick person, and either infect other persons in their immediate neighborhood while in a fresh and moist state, or else after they have dried up and become small and light, so that they can float through the air to greater or less distances and become revivified by breathing or swallowing in other persons. A careful examination of the history of the disease shows that the rapidity of its progress has often been exaggerated. Occasionally its advance has been very swift, yet not to such an extent as is commonly assumed, while sometimes it has even traveled slowly. It is said to have overspread Europe in six weeks, but more frequently it has required over six months. It has on some occasions taken weeks or months to spread from England to Scotland, but in 1832 needed no less than eight months to spread over Germany. Though proceeding in direct lines it does not always attack all points alike. In coming into cities it generally attacks a few families at first, and then spreads rapidly. A vast amount of superficial observation has clouded over the real natural history of the disease.

The history of hay fever and dandy fever was then traced, and the Doctor continued: The West Indies may now be regarded as the focal area of yellow fever, whence it is distributed to other parts of the world, even including New Orleans, Mobile, Pensacola, and all parts of the United States. From 1674 to 1850 it had never been known in South America south of the river Amazon, doubtless because trade with the West Indies was then little carried on, but it had frequently appeared in the United States. It is permanently present in Cuba, St. Thomas, and St. Domingo, doubtless maintained by the filthy habits of the natives and the heat and malaria of the climate. It has also been sent from the West Indies to Barcelona, Gibraltar, Lisbon, Oporto, France, and even directly to England. It is generally communicated to ships by persons and clothing, but especially by the filthy water and mud of yellow fever ports soaking into the holds of vessels. Its infectious nature at times becomes one of its most destructive features.

Typhus, typhoid, and relapsing fever, measles, scarlet fever, whooping cough, small-pox, and cholera, were then briefly considered, and concluded the paper.

On motion, Dr. Peters' paper was referred to the Publication Committee.

A paper upon "Suicide in large cities, with reference to certain sanitary conditions which tend to prevent its moral and physical causes," by Allan McLane Hamilton, M. D., of New York, was referred to the Publication Committee, without its being read.

The Association then adjourned to 3 o'clock.

(To be continued.)

Treatment of Whooping Cough.

M. Maximin Legrand, in *L'Union Médicale* for Oct. 8th, refers to the successful treatment of whooping cough and hysterical coughs generally, by sulphurous treatment, in the Hospital St. Charles, at Nancy. M. Parisot, the head physician, gave him particulars of the case of a child who, twelve days after the whooping cough had declared itself, was placed in a sulphur vapor bath and completely cured. Whenever M. Parisot sees that the cough is taking on a convulsive character, he has recourse to the sulphur vapor baths, and almost invariably overcomes this distressing symptom.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 21, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ **NOTICE. 1875.**

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115 South Seventh Street,

PHILADELPHIA, PA.

ON POISONING BY WALL PAPERS.

So much attention has been directed to this subject lately, that a firm of manufacturing chemists in New York, Schneider, Bell & Co., have addressed an open letter to Wilson & Fennimore, of this city, on the subject of the alleged poisonous qualities of the coloring material known as Paris green. According to their theory, the charges made against the use of this material are without proper foundation. They say: "Paris green poisons only by actual and visible contact. It is not volatile; it throws nothing off; on the contrary, there are but very few substances of equal weight with it. An ordinary flour barrel will contain about six hundred pounds of dry Paris green, and would require constant effort to keep even the finest particles afloat in the air. When applied to paper it is in paste, so to speak, the particles adhering to each other and to the paper by reason of the size added to the mixture. The quantity of Paris green upon the paper of an ordinary sized-sleeping-room does not exceed two pounds, and this, it must not be forgotten, is in a dry state. Now to show the utter absurdity of the claim that this small quantity of say two pounds, in a dry condition, affects the health of occupants of rooms when it thus appears upon the walls, permit us to state the following: In our factory it is no unusual occurrence for us to have spread upon drying tables at one time, in different stages of the drying process, six thousand or eight thousand pounds of Paris green, the vapors arising therefrom being like unto a fog in all parts of the room. Our men go in the room and around the table stirring the mass for hours together, without experiencing any inconvenience, and oftentimes they may be seen in cold weather sitting in this room and close beside a steaming hot table, covered with Paris green, eating their dinners." They also say that the color is perfectly odorless, and that though the acetic acid used may give off nauseating fumes, the Paris green has no smell."

THE

MEDICAL AND SURGICAL REPORTER.

No. 926.] PHILADELPHIA, NOV. 28, 1874. [Vol. XXXI.—No. 22

Original Department.

Communications.

CASES IN PRACTICE TREATED BY ELECTRICITY.

BY WM. R. D. BLACKWOOD, M. D.,
Of Philadelphia.

The following cases were of considerable interest to me, and may illustrate the benefit obtained from the use of electricity, when the more commonly used therapeutic remedies failed.

Case 1.—Mrs. C. was attended by me in her fifth confinement. Three of the four preceding children were still-born, and the history of her labors indicated tediousness, and trouble to herself and her physician. In this case the breech presented, and delivery was protracted to thirty-six hours. The child was dead, and had evidently been so for a considerable time. The placenta was *adherent*, and the discharged fluids extremely offensive. She passed through a typhoid condition for two weeks afterward, and was paralyzed in the whole length of her right leg. No improvement in the limb occurred after she was able to leave her bed, and she was compelled to use a crutch in moving about her room. Expecting improvement to take place in time, I at first did not place her under treatment, and finally various remedies were tried, and faithfully persevered in, but no success followed their use, nor did she in any degree regain the use of her limb for the six weeks succeeding her confinement. The continuous current was applied with no appreciable benefit after four applications. Faradization was then employed to the lumbar spine, and generally over the surface of the member, with some improvement. After three applications an insulated electrode, armed with a sponge-covered ball, was pressed firmly into the Douglas cul-de-sac and the foot of the affected side placed upon a copper plate, with a strong current extended to fifteen or twenty minutes. The improvement was *immediate* and *decided*. Six applications removed the disability, and it may be incidentally noted that a troublesome pruritus ani also disappeared during the treatment. No injury was done to the womb by the current during its application, although employed so closely after parturition.

Case 2.—Miss E. M., aged nineteen years, moderately well developed, fair complexion, light hair, blue eyes, and inclining to strumous cachexia, consulted me for a distressing general neuralgia, which at one time would affect the facial region, at another the tibial, and frequently the abdominal. In fact, she never could assure herself of exemption from an attack in almost any part of the body, nor did her general health appear to influence the disease. Her functions were normal, her appetite good, and unless seized with an attack of her malady in the evening, she usually slept well and awoke in the morning refreshed and buoyant. Quinia, belladonna, arsenic, iodine, and various tonics and alteratives were ineffectually used at different times. The continuous current was tried, and although some temporary relief was obtained, yet the result was not encouraging, and consequently the induction current was employed. Local treatment always stopped a paroxysm, but the pain usually returned in an hour or two, either at the same point or in an-

other locality. Finally central faradization was performed, one pole being applied to the cervical spine and the feet alternately, and the other to the epigastrium. Ten sittings on succeeding days completely broke up her trouble, and it is now more than four months since she has suffered from her old enemy. No remedies were used at the same time internally.

Case 3.—Miss I. G., aged eighteen years; dark complexion, hair, and eyes, and well grown: no strumous diathesis existed; her appetite was good, bowels in perfect order, and her appearance that of a lady in excellent health. She, however, suffered from amenorrhœa, and, at the time her menstrual flow should appear, she was affected with violent headache and nausea. Once only had an effort at menstruation been apparent, five years previous to my taking charge of her case. I could not detect any cause for her monthly ailment, other than the non-establishment of her menses, and she was placed upon a course of treatment, with a view to remedy the trouble. Without enumerating the articles employed, it is sufficient to say that, though many in number, and thoroughly pushed, they failed. Galvanism also failed. An intra-uterine electrode was introduced into the cervical canal, to the internal os, and a current, increasing in strength to the extent of her ability to bear, was passed from that point to the other pole applied to the sacrum, and, after fifteen minutes, to the ovarian region, to which points the sacral pole was successively moved. The applications were made six days preceding the time of her regular headache, and the second month after inaugurating the method of treatment, a fair menstrual flow set in, and continued two days. Next month (the third) the flow was more abundant, and but little discomfort was experienced. The menses lasted three days, and have appeared continuously since. No nausea, or other trouble, has occurred now for over a year, and her health has continued good

Case 4.—A young gentleman applied to me in consequence of frequent attacks of pain radiating from the epigastrium, and continuing for three to six hours at a time. They recurred two or three times weekly, and no cause could be given for them. The patient was temperate, and in good circumstances, so that neither food nor occupation could be referred to as causing the affection. Anodynes had been tried, hypodermically and otherwise, and other means instituted, with but temporary benefit. Having recently treated the second case reported, I lost no time in experimenting with drugs, but commenced with the galvanic current, which did no good at all. Twelve applications of the faradic current finally relieved him, and he has since then continued free from pain. I offer no opinion as to the location of the malady, and the treatment was merely empirical, but the result was satisfactory.

Case 5.—A child, four years of age, was brought to me, laboring under general debility and great loss of power in its limbs, especially in the lower extremities. There was no spinal curvature. Braces had been adapted to the back and legs, and tonics administered, previously to my seeing the case. I removed the apparatus, put the child on cod-liver oil, syrup ferri iodidi, and salt baths, with friction thoroughly employed after the daily baths. The general health improved notably, but no increase of either muscular development or locomotor power was induced in the course of two months. Without recourse to galvanism, the child was treated by daily applications of the faradic current, and thirty sittings produced so marked an improvement as to satisfy the parents that nothing further was needed. I desired to continue for a longer period, but could not prevail on them to allow me to do so. The improved state of the child's health continued, and a dozen applications, similarly employed, subsequently to the time referred to, has produced a decidedly marked alteration in the physique of the little patient. No doubt can be entertained as to the main agent which induced the improved condition in the case, as all internal medication was dispensed with during the electrical seances.

Case 6.—E. R. D., a pallid, and decidedly anemic girl, twelve years of age, was presented to me for treatment in consequence of a well-marked case of chorea. Remedies previously efficient in my hands did no good here. The poor girl was tormented, and her family also, by her trouble, and, being in reduced circumstances, they were unable to obtain necessary remedies for their unfortunate daughter. Not being willing to send the child to a hospital, I placed her upon a course of treatment by the continuous current. She was much relieved, but soon the improvement ceased, and no increase within the limits which I was willing to use did her any further good. After a fair trial of the current I changed to the faradic, and was repaid by an early improvement of her health. It required fifty-seven suc-

cessive applications to completely relieve her, and the cure has been permanent.

With the exception of the fourth case recorded, all those noted are of frequent occurrence in practice, and there is no professional man who has not had occasion, repeatedly, to feel dissatisfied with his want of success in treating just such affections. It is in similar dilemmas that electricity, carefully applied, may be of great value. Desiring not to extend this to any length I have purposely refrained from entering into particulars. More reliance has been placed upon the galvanic or continuous current, by most authorities, especially in neuralgic affections, and in many cases in which I have resorted to it the result has been eminently satisfactory, yet in those above recorded faradization succeeded where the other did not. The galvanic apparatus employed was that of the Galvano-Faradic Company, of New York, and any desired power can be obtained by uniting two or more of their portable batteries, which are reliable and easily managed. After trial of many induction instruments I believe that, for *evenness* of current, Kidder's machine is preferable. Many of other makers work well enough for a short time, but finally become hard to manage, the interruptions being irregular, sometimes strong, at others weak, and not unfrequently ceasing altogether. The zinc-carbon cell is preferable for running them, as the zinc-copper is hard to keep clean, and the small cell is difficult to manage unless great care is observed in keeping the platinum or platinized silver strip free from mercury when used for amalgamating the zinc plates.

A CASE OF CONSERVATIVE SURGERY.

BY S. J. RADCLIFFE, M. D.

Of Washington, D. C.

On September 3d, a stout, healthy colored man came to my office with his hand bleeding, and in great pain. He stated that while helping a man to unload a stone wagon, a large, heavy stone fell and caught his left thumb, causing the injury for which he sought advice. I found, on examination, the left thumb disarticulated at the second joint, the joint disorganized; the lateral and anterior ligaments completely ruptured, both the condyles of the head of the second phalanx entirely severed, the sesamoid bones dislodged from their bed, and the soft parts and integuments irregularly torn and mashed, the lower fragments moving in any direction desired, and could be placed parallel with the upper by reversing its terminal end. I snipped off the loose fragments of bone with the scissors, replaced and adjusted the parts as well as could be done, applied ichthyocolla plaster, and roller bandage, and sent him home, informing him the dressing was only temporary, that it would be necessary to amputate it, as there was scarcely a possibility to save the thumb in its present condition. In an hour I went to his residence, with an assistant, and prepared to amputate, judging that the best course to pursue. He was not now suffering great pain, and though he felt satisfied with the prognosis, he begged that I would try to preserve the thumb; that he was a laboring man, depending on his labor for support, would lose his position and not be able to get employment and make a living with but one thumb. Yielding to his appeal, to gratify him and give him all possible chance, as well as to test the powers of nature in reparation, I readjusted the parts as before, with splint on lower surface, swung it, and directed him to report to me daily. He reported daily for a week, after that two or three times a week, till the first of October. The dressing required renewing but seldom after the first week, and to my surprise the whole member healed beautifully, the swelling subsided, and its contour reduced to its former size and shape, and externally it could scarcely be distinguished from the other.

November 1st, the present writing, there is, of course, incomplete bony and muscular anchylosis, with slight motion at the joint, but this result is regarded much better than the entire loss of the thumb. It is a great thing gained for a laboring man, to save his hand or fingers, even with some deformity, and this should always be had in view in the treatment of such cases. Anchylosis of the fingers, however, would be less desirable, probably, than anchylosis of the thumb; in the latter, much use could be made of it; in the former, it might materially interfere with their function; especially if at the first articulations. In fractures of continuity, though, accompanied with loss of integument, they uniformly do well, as I have been able to test in four cases from injury by machinery. Could not this principle be applied oftener to more extensive injuries? The patient is at work again.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. D. HAYES AGNEW.

Reported by De F. Willard, M. D.

Re-Amputation of the Humerus.

Gentlemen:—The boy, thirteen years of age, now before you, suffered a railroad injury some years since, which necessitated the amputation of his humerus at its middle third and his leg at the lower third. The latter stump is in excellent condition, and bears pressure well. It is rounded, smooth and soft, while the cicatrix does not adhere to the end of the bone. Upon looking at the arm, however, a different state of affairs is seen to exist. Its extremity is a long pointed projection, which looks almost like a rudimentary finger, but upon closer examination it proves to be an atrophied humerus, over which is stretched a smooth, glistening, red, unhealthy integument. It is exceedingly irritable and painful, and the skin is in such condition that it might easily take on a sloughing action and denude the bone.

Nothing can relieve this condition but an amputation higher up the arm, and as there is hardly room for the application of a tourniquet I will entrust the axillary artery to an assistant while I make two oval integumentary flaps, turn them back, pass a knife in a circular manner through these fibrous and fatty tissues, and then saw off the bone.

As you will notice, there is but little bleeding, even when the artery is freed, and only one or two ligatures will be required. This is accounted for by the fact that all the vessels of any magnitude have become obliterated by the old inflammatory process and the subsequent contraction. The muscular tissue has also almost entirely disappeared, being replaced by fat and connective tissue. The nerves are, moreover, small, but I will thoroughly retrench them, in order that there may be no cause for the formation of neuromata in the stump.

(Bleeding having ceased, the flaps were sutured together, adhesive strips applied, and a water dressing ordered. The wound healed to a great extent by first intention, and is now entirely well. De F. W.)

Ulcers—Skin-Grafting.

I have here a number of cases which, although not included under the head of attractive surgery, yet belong to the class which you will constantly meet in practice. They are instances of ulcer of the leg, and while so common, yet varying as they do in cause, are frequently maltreated. They are exceedingly annoying and painful to their possessors, and I assure you that the cure of an old ulcer will frequently earn you as good a reputation as the accomplishment of a far more brilliant result in another disease. That they are not fully understood is evident by the means that are used for their relief, and the ineffectual efforts that are put forth for their cure. It is not at all unusual to meet with these sores which have been open and discharging for twelve, fifteen or twenty years, and yet these same cases, in proper hands, may sometimes be cured in three months.

The varieties of ulcer are classified under many heads, but I see no necessity for having any divisions, save three: 1, healthy, 2, unhealthy or complicated, and 3, specific.

A *healthy* ulcer has every appearance of vigor. Its granulations are florid and abundant, but not above the surrounding parts; its edges gently sloping, its surface bathed in creamy pus; the surrounding integument is pliable and only slightly reddened. An illustration of this is seen in the first case, upon the leg of which can be seen such a sore. It is rapidly healing, and requires only a covering to prevent irritation.

Unhealthy ulcers are seen in various forms before you. The first case presents a red, swollen, angry aspect. It is merely a sore like the former one, only chafed or excited into an inflammatory process. For its treatment we shall order cold lead water and laudanum constantly applied for several days, with rest, and possibly local depletion by punctures; then a simple oxide of zinc ointment. The next case, an illy-nourished individual, has an ulcer over the tibia which shows a decided sloughing tendency, shreds of dead tissue filling the sore. For this condition I shall give tonics, pick out all the substance which has lost its vitality, and then constantly apply cloths saturated with a solution of tart. of iron and potass. (℥j to ℥j of alcohol and water), until a healthy surface is obtained, after which *strapping* will be regularly applied. Nitric acid is also of use in arresting this sloughing action, especially when it is serpiginous. It should be applied boldly. In this fourth case a different state of affairs exists. The granulations are weak, flabby and œdematous, probably the result of long continued poulticing. To this I will apply a ten-grain solution of nitrate of silver and a firm roller, following the dressing after a few days with a ten-grain solution of tannin in glycerine, or the iodized collodion (gr.j to ℥j).

Another case presents a still different aspect. The granulations are dark, congested, and ooze a bloody serum. It is the hemorrhagic form, and requires a treatment somewhat like the last, but with perhaps stronger astringent washes. A little powdered persulphate of iron, or an ointment of the same, would prove very efficacious.

The two remaining cases are instances of *indolent* ulcers, properly so called. The centres of the sores are depressed, the granulations pale and unhealthy, the exudation thin, fetid, and irritated, the surrounding parts excoriated, the edges steep, thickened, and indurated, while for several inches the circumferential structures are densely reddened and infiltrated. These solutions in the continuity of the soft parts will sometimes remain open for years, owing, doubtless, to the defective granulation circulation

caused by the pressure upon the blood-vessels as they pass through the surrounding structures. Their most common seat is over the tibia or malleoli, and they are often exceedingly irritable and sensitive.

In one of these cases various attempts have been made to promote healing, but it has resisted them for ten years. Why is this? Let us look for a cause. Passing my hand along the leg, I easily detect small, soft swellings, which are plainly indicative of varicose veins, a condition which is the most frequent cause of these chronic ulcerations, on account of the impeded circulation. This form of ulcer is especially liable to hemorrhage from the giving way of a dilated vein, and patients should be taught that pressure is the most speedy means of arrest, since serious bleedings sometimes occur before the surgeon can be secured.

In the other of these cases the congestion is so great that I shall adopt the plan of paring off its indurated edges, freely scarifying the sides, and then surrounding it by a deep circumferential incision, which, as Nussbaum (Aerztliches Intelligenzblatt., No. 14, De F. W.) says, not only relieves the engorged vessels, but also permits the nutritive elements, which before were carried away from the granulations, now to take on cell-proliferation and transformation. This I do, and after all bleeding has ceased (and it may be increased by the liberal application of hot water), a poultice will be applied for two days, then to be replaced by strapping.

In the other case we will adopt no preliminary treatment, but will rely solely upon the method which I shall show you. This is the treatment known as "strapping," and, although it is now extensively adopted, yet I have been surprised to find that a large body of practitioners are unacquainted with its decided virtues. In a large proportion of ulcers you will find it the most effectual of all methods of treatment. Adhesive plaster is cut *longitudinally* into strips one inch in width and sufficiently long to encircle the limb throughout three-fourths of its circumference. Well warmed, the initial end of this strip is placed about three inches from the lower edge of the sore, and while this is firmly drawn together the strap is brought tightly across and held until it adheres. The next is applied in like manner, overlapping one-third of its fellow. The direction of all should be slightly oblique, so that they will fit smoothly and evenly to the surface of the limb. The sore being thus entirely covered, a firm bandage is applied from the toes to the knee, and in some cases of varicose veins even higher. We have thus given excellent support to the parts, applied equable pressure, while at the same time the action of the lead plaster is just sufficiently stimulating to favor cicatrization. These strips should be removed whenever soiled (varying from two to five days), the sore gently touched with a moist sponge wet in permanganate of potash solution, and the same dressing repeated. Under this treatment the result is sometimes almost magical, and fresh new skin will quickly make its appearance. When cicatrization has advanced to a certain stage the process sometimes seems arrested by the great tension of the surrounding tissues, in which case incisions may be advantageously made upon the sides of the sore, the gaping of which will permit a resumption of the advancing cure. This plan will not often fail if the system be strengthened by iodide of potash or arsenic. In some cases, however, a little more stimulation may be required, under which circumstances an occasional dressing of dilute nitric acid, nitrate of silver, or an ointment of the dilute nitrate of mercury may be beneficially substituted for a few days. Even a blister is sometimes used to excite rapidity of circulation in granulations.

You will find, however, that no one substance will answer your purpose, neither will one substance completely cure a given case, even when its first action proved decidedly beneficial. After two or three weeks the parts cease to respond to the stimulant, and a change must be ordered, under which new impulse the healing will recommence.

The most discouraging part of the work in these cases is the fact that in old cases and in broken down constitutions, a twenty-four-hour attack of erysipelas, or even of fever, may cause the whole mass of newly formed tissue to melt away, and all your labor be lost. It is to anticipate this that I order tonics in the very chronic cases. In varicose ulcers, an elastic stocking should always be worn after the healing process is completed, in order to give such support to the veins as will prevent a recurrence of the difficulty. I am not favorable to the operation for obliteration of varicose veins, since many deaths have occurred, and the weight of the circulation being thrown upon the deep veins, is almost certain to occasion the same trouble in their walls. The local elastic stocking is therefore to be preferred.

In cases where the healing process is slow, *skin grafting* is often beneficial by starting new central points of cicatrization, around which little islands of skin will soon form. Should either of these ulcers refuse to heal, we shall treat them by this method. This transplantation of healthy skin is performed by pricking up little portions of the derm upon the inside of the arm, or thigh, by means of small forceps or the point of a needle, and then cutting with knife or scissors a minute portion, about the size of a rice-grain. This should not contain fat or connective tissue, and need not extend even through the derm. These particles are then placed upon the surface of the granulations, to which they will usually adhere, provided the enveloping pus be healthy and hemorrhage has not been provoked. Should they fail to fasten themselves, cloth saturated in oil may be laid over them, and adhesive plaster be drawn across. As to the number of these, I have been in the habit of placing them at intervals of one-half inch, a distance which will give abundant centres of germination, if all adhere. In a few days the cuticle will slip

off, and you will soon be gratified to find that little bridges of new tissue are stretching across from one islet to another, until all is covered. Should the healing process become arrested, new grafts can be inserted.

It is of the highest importance that the ulcerated surface be first put into as healthy granulating condition as possible, since upon the quality of the surface will depend the nutrition of the grafts; still they will sometimes accomplish their purpose even upon an unhealthy surface. Of course, many will fail even upon a normal granulating sore, but if only two or three survive, the process of healing is greatly hastened.

It is usually customary to take the portions of skin from the patient's own body, in order that there can be no possible cause of complaint in regard to inoculation, and no other course should be pursued save with full consent of patient. Caselli, and others have tried the plan of taking grafts from rabbits, chickens, guinea-pigs, etc., but aside from the moral view of the question, there is no evidence that they have proved as advantageous as when human skin was used. The plan of merely scraping off the cuticle and applying it to the ulcer, as also the application of large pieces, have both failed, and the original plan of Reverdin seems most desirable, the fragments being of about the size of millet seeds. The transplantation of the skin of colored individuals upon white persons, and *vice versa*, although among the curiosities of the operation. yet should not be tolerated by either party. The skin of recent amputated members can be used, but is usually repugnant to a patient's feelings. The pain of the operation is but inconsiderable. I have sometimes thought that skin from a portion of the body corresponding to the diseased part, might be more sure in its adhesion and growth.

Another advantage claimed for skin-grafting is, that the resulting cicatrix, in the case of extensive burns, for instance, is less violently contractile than when cutification be advanced from the edges toward the centre; and also that the new tissue is more like normal skin.

In regard to the modus operandi of the cure, the graft seems to effect a durable action, *i. e.* not only by the proliferation and advancement of its own constituent portions, but also by its presence, infusing new vigor even into the margins of the sore, probably by favoring an afflux of blood to the part. That a healthy action is thus infused, is readily demonstrable by the fact that a surface not entirely healed by the first grafting operation, may be reinvigorated by a fresh application. Of the third or *specific* form of ulcers, I shall take occasion to refer as clinical cases present themselves.

—It is reported that twenty barrels, entered as "salt meat" and "Australian beef," were seized at Portsmouth, England, October 23d, and in each barrel was found the corpse of a full grown negro. They were shipped from the United States, for dissection in London.

Medical Societies.

THE AMERICAN PUBLIC HEALTH ASSOCIATION—SECOND ANNUAL SESSION.

(*Concluded from No.* 925.)

THIRD DAY—AFTERNOON SESSION.

The Association reassembled at 3 o'clock, Dr. Edwin M. Snow in the chair.

The first paper read was upon "The influence of the high altitudes and climate of the table-land country of the Rocky Mountain region upon health and disease," by B. E. Fryer, M. D., surgeon of the United States army. The Doctor states that, in connection with the subject of health, the meteorology of the whole region is of peculiar interest. The annual rainfall in the eastern portion of it will not probably average over twenty inches, and diminishes westward until the mountains are reached, near which it will not average much more than ten inches annually. Fogs are very infrequent and of short duration. The winds have considerable force more or less continuously; this is specially the condition in Western Kansas and Eastern Colorado, though it applies to the whole region. The temperature of the high altitudes is not so low as might be expected. At Fort Walker, in Kansas, at an elevation of 1856 feet above the sea, the mean temperature is 51° Fahr. The temperature of the lower levels of the eastern part of the plateau may and often does reach 105° Fahr. in summer, but the heat is rarely oppressive. This will be readily understood when remembering the small amount of moisture in the atmosphere and the consequent rapid surface evaporation. Winter, in the latitude of Kansas and Colorado, rarely commences till the middle or end of December, and spring generally appears at the end of February. Ozone is believed to exist in large quantities in the atmosphere of the plateau region, though no observations as to this were made, or were obtainable.

Among the diseases that are of rare occurrence may be included those of malarial origin, with the exception of the valleys of the streams in lower levels of the plateau, and not often there. Ordinary scrofulous troubles are unknown, and diseases of the joints and bones are almost so. Inflammation of the lungs, contrary to what is generally believed, is far from being infrequent. Over a large portion of the greater altitudes of the Rocky Mountain region and in New Mexico, and some parts of Colorado, it has several times assumed almost an epidemic character. At the lesser altitudes, both pneumonia and erysipelas are of rare occurrence, and this is especially the case so far as the former of the two diseases is concerned. Neither asthmatic difficulties nor chronic bronchial troubles are of very frequent occurrence in the older inhabitants or native people. Among new comers, if there is an asthmatic predisposition, the disease will certainly be provoked.

An entirely satisfactory hypothesis for this has not been framed. It is, however, believed that some peculiar cause exists other than that which might be referred to the necessarily increased action of the lungs, dependent on the elevation.

The Doctor, alluding to the popular belief that the Rocky Mountain region is beneficial to persons suffering from pulmonary complaints, says he is convinced the belief is an error. Many cases of phthisis sent there from the East were not only not improved, but made worse. The disinclination and inability of patients to take exercise was referred to as one cause of the ill effects of the change. All consumptives should be excluded from the higher altitudes. There are, however, at lower elevations, points where there are all the advantages of dry air with day after day of sunshine. This region is found in Kansas, a large portion of Colorado, and Southern New Mexico. The paper concludes with the assertion that although a healthy individual will, with proper care, gain in vigor at high altitudes, and certain forms of debility, without organic lesion, do well, persons suffering from pulmonary diseases should not ascend to the altitudes beyond three or four thousand feet above the level of the sea.

J. S. Billings, M. D., assistant surgeon of the United States army, presented an abstract of special reports by army medical officers on the effect of mountain climates upon health." The conclusions drawn from the statistics gathered in the West were similar to those arrived at by Doctor Fryer in making his researches.

Dr. A. N. Bell, of Brooklyn, N. Y., then read a paper on "Perils of the Schoolroom, which Demand the Attention of Educational and Sanitary Authorities." The paper consisted of reports of the condition of schools in Brooklyn, New York, and other cities, showing that, with few exceptions, the pupils of public schools in almost all cities were confined in illy-ventilated rooms, and exposed to the poisonous influences of impure air, malaria from bad drainage, etc. All the papers presented were referred to the Committee on Publication. A brief conference upon "Laws and Methods of the Public Health Service of the Different Cities" was then participated in by members of the association, after which the association adjourned until evening.

EVENING SESSION.

The association reassembled at Horticultural Hall in the evening. The meeting was called to order at 8 o'clock, by Hon. Joseph R. Chandler, in a few introductory remarks on the objects of the association. He closed by an invitation to Hon. Dorman B. Eaton, of Washington, to deliver a discourse on "Health Laws, and the Interests and Obligations of the State and National Governments Pertaining to Them."

Mr. Eaton first alluded to the importance and breadth of the subject assigned to him. He would not intrude at all on the domain of the physician, but would discuss the best manner of carrying on the administration of the Health Office, or what laws are necessary for the advancement of the public health and the economical enforcement of good laws. It would be very unprofitable for him to attempt to figure out the vast amount which could be added to the capital of the country if all needless cases of sickness were cured. Let us consider what is meant by health laws generally. This effort for health reform is an attack on ignorance, which is obstructing the laws of nature. It will partake of the highest characteristics of civilization, and demands an advance in the science of healing. Additions must be made to the knowledge of medicine and the characters of contagious diseases. These cannot be accomplished without sacrifices in the cause of sanitary reform. One of the lessons which this association ought to teach is that the first condition to be regarded in constructing a human habitation is, that those who live in it can get fresh air, at least occasionally.

The next great obstacle to the progress of sanitary reform is party politics. The mercenary partisan spirit in villages and cities opposes health legislation more than anything else. This question of sanitary reform has to encounter all the meaner elements of human nature, and cannot be fully accomplished for generations. But at least great progress can be made, if the fight is vigorously prosecuted. Take as an illustration of its progress the city of New York. Since 1865, when the Metropolitan Board of Health was organized, the general health of the city has been improved wonderfully, and the death rate has been considerably lessened.

There are, however, some necessary legal conditions to be imposed on the administration of health laws. Adequate sanitary administration cannot be properly obtained so long as the boundaries of cities, counties, and even States are regarded. Places subjected to the same influences and miasmas should be brought under one centralizing power. He ventured to assert that in a few years both the States of Pennsylvania and New York would have State commissioners of the public health. The Delaware Bay should be placed under one jurisdiction, and should be governed by the same quarantine laws. New York Bay, with all its little towns and villages, the Chesapeake Bay, the Mississippi river, should each be under a jurisdiction.

He next asserted that no health board should be composed exclusively of doctors, and explained his views by stating that from one-third to one-half the members was all that was necessary in a board. They would be sufficient to supply all the necessary information on the laws regulating the public health. The legal profession should be represented, in order that the rules may be made to conform to legal technicalities. Again, a business man is required, who is acquainted with the needs of the populace. Then a strong board will be framed. It should then be connected with a board of police,

in order to give force to its orders. The General Government should undertake the entire quarantine regulations of the country. It should enact general laws, to prevent disease being propagated on the line of our inland commerce as well as on our coasts. Proper sanitary regulations should be made for the ventilation of ocean-going steamships. In every State we should have a central sanitary body, having a supervision over the various local boards. A thorough system of registration of births, deaths, and marriages should be inaugurated. Then we should find a vast improvement in the public health.

Hon. L. H. Steiner, M. D, of Maryland, was next introduced. His discourse was upon "Health, a Prerequisite of National Success in Peace and War." His address urged the subject of health upon the National Government as of paramount importance. Every hour of sickness is so much pecuniary loss to the nation. If all this could be computed, the value of good hygienic regulations could be understood. It is a terrible period in the history of a nation when its citizens commence to disregard the regulations of bodily health. In times of peace healthy minds are requisite for the advancement of the country in the path of civilization, and in times of war for the promotion of the physical and mental strength of contending armies. A legitimate deduction is that it is incumbent upon the Government to enact laws regulating the sanitary condition of the cities and towns, and to spread such information before the people as will aid in securing the greatest possible prevention of disease.

Dr. Agnew was next introduced. While he was aware of the duties of individuals, the public, and the Government, in providing ample accommodations for the sick, he thought the management of hospitals should be so regulated that so far as consorts with the welfare of the sick, the hospital doors shall be thrown open to the medical profession.

Resolutions of thanks to Messrs. Eaton and Steiner were adopted, and the meeting adjourned.

Fourth Day.

The last session of the annual meeting of the American Public Health Association began at eleven o'clock. The attendance was quite good. President Stephen Smith, M. D., occupied the chair. After the election of a number of gentlemen, whose names had been submitted to the Executive Committee, the following resolutions were offered by the same committee and adopted without discussion:—

"*Resolved*, That a committee of four be and the same is hereby appointed, for the purpose of investigating and reporting on the extent to which poisons are used in an unsafe manner for agricultural and other purposes, and to recommend suitable regulations and restrictions with regard to the same, and that S. Weir Mitchell, M. D., of Philadelphia; J. M. Rauch, of Chicago; Prof. J. L. LeConte, of Philadelphia; and R. C. Kedsie, M. D., of Michigan, be the committee.

"*Resolved*, That a committee be and hereby is appointed to prepare schedules for the purpose of collecting information with regard to the present condition of the public hygiene in the provincial towns and cities of the United States, and the laws and regulations, State and municipal, relating to the same, and to report at the next annual meeting.

Resolved, That the committee shall consist of J. S. Billings, M. D., U. S. A., chairman; Elisha Harris, M. D., of New York; A. M. Bell, M. D., of Brooklyn; J. M. Toner, M. D., of Washington, D. C.; H. B. Baker, M. D., of New Jersey; S. C. Busey, of Washington, D. C.; D. Fryer, M. D., U. S. A.; Frank Peilly, M. D., of the U. S. Marine Hospital service; John L. LeConte, M. D., of Philadelphia; Edward Shippen, M. D., U. S. N., and C. B. White, M D., of New Orleans, and such other persons as the committee may from time to time deem expedient to associate with them.

Resolved, That the secretary be directed by the association to report annually on the first day of the annual session the results of correspondence and information relating to public health.

Resolved, That the next annual session of the association be held in the city of Baltimore, Md., on the second Tuesday in November, 1875.

Dr. Morris moved that the thanks of the association be returned to Dr Francis Bacon, of New Haven, Conn., and B. C. Miller, M. D., Sanitary Superintendent of the city of Chicago, for invitations extended for the association to meet next year at the above respective cities. Adopted.

The committee to audit the treasurer's accounts, composed of Drs. Snow, Toner, and Barker, reported that the accounts submitted were true and just in all respects.

Dr. Harris offered the following:—

Resolved, That a special committee be appointed by the president, at this session, to devise a project of laws to meet the wants of the State Boards of Health, and said committee is instructed to report to the Executive Committee by the 1st of January, 1875. Carried and adopted.

The paper on "Sanitary Relations of Pharmacy and Materia Medica," by Prof. J. W. Maisch, secretary of the American Pharmaceutical Association, was then presented.

From this paper the following abstract will be found interesting to the medical public:—

There was a time when, in Europe, medical articles were manufactured especially for the American market, which could not be sold there, but were considered good enough for this side of the Atlantic; and it must be admitted that thirty years ago the United States furnished a much better market for adulterated, inferior, and worthless drugs than at the present time. In 1848 Congress passed a law providing for the appointment of drug examiners at the various ports of importation, whose duty it be-

came to examine all drugs and chemicals imported from abroad, and to reject the deteriorated and adulterated. This law was very beneficial, but would have been, doubtless, more satisfactory if the appointing power had always considered the scientific and practical qualifications of the candidates, rather than their political services. The importance of having efficient and capable examiners was recognized by the American Pharmaceutical Association, which, in the year 1852, passed resolutions with a view to secure a reform, but with little effect. Notwithstanding the drawbacks, the law has been one of the most important means of improving the drug market in this country. In older countries foreign drugs may be met with in the markets, and the pharmacist is, by stringent laws, made responsible for the quality of his drugs and preparations, whether imported or domestic. With us the responsibility of the pharmacists is regulated mainly by common law, and is based upon the amount or degree of harm done.

The cheapness of so-called officinal preparations is always an argument in their favor with those who purchase cheap drugs. There are now, perhaps, several hundreds of so-called manufacturing pharmacists in the United States, some turning out objectionable products, as far as quality is concerned, while the products of others are inferior and unreliable; all, however, having the tendency to encroach upon the legitimate vocation of the pharmacist, and to aid in closing the laboratories of the latter. The existence of this state of things is due in part to the ignorance and indolence of a certain class of the pharmacists, and in part to the support received from many members of the medical profession. Another circumstance which has contributed to this evil is the publication by manufacturing pharmacists of so-called medical journals, which are detrimental not only to the progress of medicine and pharmacy, but to the best interests of the public, though perhaps justifiable from a purely commercial standpoint. They are usually filled to a considerable extent with reports of cases benefited or cured by one or more of the special preparations of the manufacturer, and, being obtainable for a mere nominal price, or even distributed gratuitously, such journals first find their way to just such places where a demand for their owners' preparations can be created or increased. If this movement is inaugurated with legitimate preparations it is soon followed by so-called specialties and elegant pharmaceuticals, which are imposed upon the physician and the public. Efforts had been made by the American Pharmaceutical Association to stop this abuse, but were only partially successful. This subject brings us to the popularly so-called patent medicines, the preparation of which is kept secret, but whose pretensions are for that very reason without bounds. Various measures have been proposed to counteract the bad effects of secret medicines. The most radical and effective cure would be their total abolishment, if this were possible. Perhaps the least objectionable plan, if that could be accomplished, would be to compel the manufacturer to have the full composition or working formula plainly printed upon the label of every package. It must also be borne in mind that in a country like ours there must naturally exist a necessity for domestic medicine, because outside of the cities and the more populated districts it is often impossible to receive the services of a physician, except after serious delay. This demand seeks to be satisfied, and since it has not been done in a professional way, every pretender finds an open field for his enterprise and luck.

In the way of remedy for these acknowledged evils, we suggest that the medical profession recognize the want of household remedies by publishing authoritative formulæ for the use of pharmacists, who may compound them at their counters and keep them on hand for the ready and convenient supply of all the real wants of families and of individuals in this direction. Such a measure would go far towards abolishing a large number of nostrums; but it would be advisable not to neglect the direct instruction of the public by publishing tracts on sanitary subjects, by the delivery of popular lectures, and by instructing the rising generation in the means of preserving the health, and the dangers of the injudicious use of all drugs.

Dr. Professor Maisch concluded by stating that the most effectual method of securing all the advantages of American pharmacy to public health would be to insure the proper qualifications of the pharmacists. This is one of the main purposes of the local Pharmaceutical Association, and of the national representative body of pharmacists; to accomplish this, among kindred objects, these societies have earnestly labored for years, and in their efforts deserve the support of all having the welfare and safety of the public at heart.

Professor Gross then offered the following:—

"*Whereas*, It is the solemn duty of every civilized government to provide means for the safety, happiness, and preservation of the health and lives of its subjects; and

Whereas, A large number of the diseases incident to the human race are induced by causes inherent in our modes of living and by a want of knowledge of the laws of hygiene; therefore be it

Resolved, That a committee, consisting of a member of this association from each State and Territory of the Union, of which the president of the association shall be chairman, be appointed to petition Congress at its next session to institute a bureau of health, to be located at Washington city, with a branch at the seat of each State and Territorial government.

Resolved, That we hereby invite the earnest co-operation of the auxiliary branches of this association, and of all kindred bodies in the Union, in carrying out the objects of the foregoing resolution.

Professor Gross, after submitting the above resolutions, made a speech in explanation of

his reason for desiring the establishment of a national bureau of health, saying, in concluding:—

"Have we not a right to ask for Government assistance in this matter? We have a Minister of War and a Minister of the Navy to keep the country in a condition ready to meet any foreign bloodhounds that may threaten our liberties and deprive us of our territory. Why, then, should there not be a minister of health to see to our sanitary affairs, to enable us the better to cope with the enemies that beset us in our own dwellings and in those of our neighbors? Have we not a right, as dutiful citizens, to claim this much from the Government? If a man robs me of my goods the law takes cognizance of the offense and punishes the thief with fine and imprisonment; but if my neighbor poisons my well, my food, or the air I breathe, I can have no recourse unless the case is so palpably plain that it cannot be overlooked. Every man desires to live as long as possible, and not only so, but as happily as possible; but, owing to our ignorance, millions upon millions annually perish prematurely, simply because they do not know how to live and how to guard against the recurrence of diseases. So long as we are without well organized Government aid, so long will our people, from the lowest to the highest, pay the penalty of preventable diseases."

The Association then went into an election for officers. The present presiding officer, Stephen Smith, M. D., of New York, declined the compliment of a renomination, which was tendered, and the election resulted as follows:—

President, J. M. Toner, M. D., of Washington; First Vice President, E. M. Snow, M. D., of Rhode Island; Second Vice President, Professor Henry Hartshorne, of Philadelphia; Secretary, Elisha Harris, M. D., of New York; Treasurer, John R. Rauch, M. D., of Illinois. Executive Committee, J. S. Billings, United States Army; Stephen Smith, New York; Moreau Morris, New York; J. J. Woodward, United States Army; James A. Steuart, Baltimore, and A. N. Bell, New York.

The following resolutions were then presented by Dr. Hartshorne:—

"*Resolved*, I. That, for a city properly arranged and conducted, abattoirs, subject to municipal regulations, are always preferable to a number of private slaughter-houses.

"2. That the best practicable management of large abattoirs, with cattle and hog yards, cannot be depended upon at all times to prevent their drainage from contaminating water and the atmosphere in its vicinity.

"3. Therefore, such establishments should be located as far as practicable from the centres of population, and, if possible, upon tide-water."

The mover called upon Dr. Rauch, of Chicago, for information relative to his experience in the matter at Chicago. Dr. Rauch said that the many improvements made had done away, in a great measure, with the objectionable features of slaughter-houses, but under certain conditions of the atmosphere a whole section of the city would be pervaded with the disagreeable odor. He thought that, as a general thing, the drainage from abattoirs should not be allowed to enter a fresh-water stream, unless the current was very swift. In Chicago the value of property had always been greatly diminished by the establishment of abattoirs, for people kept at a respectable distance from them. He believed, however, it was possible to conduct abattoirs so as not to be injurious to the public health.

The resolutions offered by Dr. Hartshorne were, with some slight modifications, adopted. Dr. Goodwin then presented the following:—

Resolved, That this Association urge upon the Governors and Legislatures of each and every State in the Union the importance of enacting laws creating State Boards of Health, providing adequate measures for sanitary administration throughout each State.

Resolved, That a copy of this resolution be forwarded to each Governor and Legislature, duly signed by the president and secretary of the Public Health Association.

The subject was referred to the special Committee on Legislation.

Moreau Morris, M. D., of New York, was then called upon to make the closing address. The speaker, with considerable gravity, delivered a very humorous address, which elicited both laughter and hearty applause. Several papers on sanitary subjects, received from members of the association, which were not read, were ordered to be referred to the Executive Committee, with instructions to examine and have them printed with the proceedings of the association. A special committee was appointed to prepare a report, to be presented at the next meeting, upon the unsanitary condition of the watering-places of the United States. This was done on the motion of Professor Hartshorne, of this city, who was appointed chairman.

A number of resolutions of thanks were passed.

A resolution instructing the Executive Committee to enter into communication with the health boards all over the country as to quality and condition of water, and the general sanitary condition of the cities which they represent, with a view of obtaining a full knowledge on this subject, was passed, and after disposing of some unimportant matters, the association adjourned *sine die*.

BALTIMORE MEDICAL ASSOCIATION.—Meeting of Nov. 9th, 1874.

REPORTED BY J. W. P. BATES, M. D.

Catarrh.

Dr. H. R. Noel said that he had two cases of nasal, pharyngeal and oral catarrh, which gave him much trouble. One case of two years' standing has been under the treatment of at least a dozen prominent physicians. The parotid, sublingual and submaxillary glands are

much enlarged, especially the parotid, and there is an entire absence of secretion from them. I introduced a small probe into the ducts of Steno, and then, by gentle pressure, forced out from each gland about a teaspoonful of matter, near the color and consistence of white of egg. After this there would be a secretion of a small quantity of saliva, but in an hour the membrane would be as dry as ever. I would like to hear some suggestions in regard to these cases, especially the treatment which should be pursued.

Dr. P. O. Williams said he would like to know something in regard to the digestion of starchy and saccharine articles.

Dr. Noel. Both have suffered from dyspepsia, but no special history in reference to those two articles. Now the digestion is good in both cases. Most trouble from dryness of the throat, and if they take cold they complain of croup, which I suppose is from increased congestion of the membrane.

Dr. G. L. Tanneyhill. Do you know what treatment these cases have had?

Dr. Noel. Hydropathic, allopathic, homœopathic and eclectic.

Dr. Tiffany. I think it probably depends upon some affection of the nerves presiding over the action of these glands. How does Dr. Noel know that the disease is catarrh?

Dr. Noel. Because they had decided catarrh at first. In regard to nervous origin, one of the ladies suffered for some time from asthma. It is very difficult to get at the etiology and therapeutics of these cases.

Dr. Tiffany. I would suggest the use of electricity.

Dr. P. C. Williams called the attention of the society to a condition frequently met with after delivery, which formerly gave him a great deal of uneasiness. About the fourth or fifth day the woman is attacked with all the symptoms of metritis, great abdominal tenderness, etc. The use of ipecac in one and a half drachm doses, until free emesis is produced, and turpentine locally, will relieve the trouble in a very short time, and all the urgent symptoms will disappear.

Dr. W. G. Regester said that he had a gentleman under treatment which gave him a great deal of anxiety. He appears perfectly well, but his heart beats with abnormal force, while his pulse is only 48 to 52.

Dr. Atkinson said that he had a case in which there was a slow and full pulse, but as the man had a gouty kidney, no albumen, but hyaline tube casts, he thought there might be hyperæmia of the brain, which probably lessened the frequency of the heart's action.

Dr. Arnold. These cases of slow pulse and great force of the heart's action, call attention to the forming stage of Bright's disease. After the disease is well established, there is often hypertrophy of the left ventricle, and it is a disputed point as to the causation of this hypertrophy. I think an examination of the urine may throw some light on Dr. R's case.

Dr. Regester. I have never examined his urine. He is about thirty-five years old, regular habits, and in comfortable circumstances. Has suffered from this tumultuous action of the heart, and slowness of pulse, for about two weeks. Violent exercise, like running up stairs, does not increase the frequency of the pulse, but it does increase the force of the beat.

Change in Type of Disease.

Dr. Noel said that a short time since he met a case that changed its character entirely. A girl, æt. five, had marked fever, sore throat, diphtheritic deposit in the throat, etc., thus presenting the features of a well-marked case of diphtheria. I gave cincho-quinine and iron internally; mopped the throat with tr. chlor. ferri; used sulphite of soda as a gargle, and applied tannin in glycerine and water, by means of the atomizer. In the course of four or five days she got much better, and convalesced rapidly. In about ten days her mother allowed her to go down to the door, where she sat for some time on the marble step. As a result she took cold, and had marked symptoms of croup. I gave her heavy doses of bromide of potass. Next morning she had whistling inspiration and expiration, and decided distress if she attempted to talk. I gave iron and tonics, but in the evening I withdrew them and gave cincho-quinine and calomel, one-half grain, every three hours at first, and then every six hours. After taking eight or ten grains of calomel, she threw up several small pieces of false membrane. Voice has not returned, but she is much better. When I gave the calomel I changed my diagnosis, and was convinced that it was a case of membranous croup. Here we have a case of diphtheria changing into membranous croup.

Dr. Uhler. How did you make the diagnosis of croup?

Dr. Noel. I can hardly tell, as many things are decided by what we may call intuitive perception. I could find no reappearance of the pharyngeal diphtheria, nor congestion of the tonsils; could detect no membrane in the throat, and as diphtheria proceeds from above downward, and croup from below upward, the failure of finding any throat symptoms of the former disease convinced me that it was a case of croup. The urgent dyspnœa, the ring of the cough, and the mode of treatment and its success, are all points which assist in forming the diagnosis.

Dr. Uhler. If Dr. Noel will refer to Trousseau and Bretonneau, he will find calomel recommended, both locally and internally, for diphtheria, and therefore its use cannot be made a point in diagnosis.

Dr. Noel. I cannot help what those authorities say, but while in the army I had the misfortune to encounter an epidemic of diphtheria, and, on account of lack of medicines, had to use calomel, and nearly all my cases died. After getting the proper remedies the success was much greater.

Dr. I. E. Atkinson. I think that one of Dr. Noel's reasons for thinking it croup would work better the other way. I think it was diphtheria and was traveling downward. The child took cold, which increased the activity of the slumbering diphtheria. We know so little about the action of calomel, and it may be that from the use of quinine, iron, etc., the system was in a good condition to respond, and did not exhibit the debilitating effects of the drug

Dr. Williams. I agree with Dr. Noel that it was a case of croup, for diphtheria never assumes that dry character; there is always some moisture; and it does not produce that whistling. I must differ when he considers it a change of type. Here were two separate and distinct diseases. I do not think any one would treat a case of diphtheria with calomel in the doses given by Dr. Noel.

Dr. Uhler. I would not use calomel for diphtheria, and do not think many physicians would recommend it, but when a man like Trousseau claims success for it, I do not think its use can be a point of diagnosis. The child might have recovered equally as well without the calomel as with it.

Dr. Scott. Why does Dr. Williams give stimulants, quinine, iron, etc., in diphtheria? I would like to know the philosophy of his treatment.

Dr. Williams. If there is anything that I heartily indorse, it is the belief that diphtheria is a blood disease. The great debility is one of the first symptoms, and makes its appearance before the local manifestations. This fact proves, I think, that there is some poison working upon the nervous system, and all the organism becomes impaired. Why it usually develops itself in the throat, I am unable to say. When it is admitted that it is a blood disease, and the mode of death by asthenia, there is sufficient reason for the use of stimulants. In croup the weight of the disease falls upon the vascular system. We have high fever, and prostration is secondary, not primary, as in diphtheria. Many die in croup before the system becomes affected, and we must reduce the excessive vascular action by the old-fashioned antiphlogistics.

Gonorrhœa.

Dr. W. G. Regester opened the discussion on gonorrhœa. He thought that it is a local disease, and that the local treatment is most important. Injections are valuable, but to make them most effective they should be frequently repeated, and as much depends upon the manner, the physician should introduce them himself. As this was almost impossible in private practice, and it was equally impossible to instruct the patient how to use the syringe properly, he had almost entirely discarded injections, and used soluble bougies, properly medicated with lead, zinc, tannin, bismuth, etc. These bougies are about the size of a No. 9 catheter, and two and a half inches long. Since adopting this mode of treatment he thought his success was greater and his patients got well sooner.

Prof. Arnold. Has Dr. Regester tabulated his cases, and can he tell us the average duration? Some cases get well without trouble, while others continue a long time.

Dr. Regester. I have not tabulated my cases, but I think more cases get well quickly than under the old mode.

Dr. Atkinson. Bougies are very useful, but they cannot take the place of injections in old cases. The disease is situated in the lacunæ, and deep seated, and cannot be reached by the bougies. Besides, the injection distends the urethra, and thus is more likely to come in contact with the diseased parts.

Prof. Arnold. If the patient can go to bed I order the penis to be kept immersed in water as cold as he can stand, and for as long a time as he can endure. By persisting in this treatment the majority of cases will get well in three or four days. I think it is a local disease, and cold is as useful as in other local affections.

Dr. Tiffany. I have often used ice water injections, and the patient gets well in three or four days, but I think the rest is the important point of this treatment. If you can keep the patient quiet almost any case can be cured without trouble.

Dr. Williams. Can leucorrhœa produce gonorrhœa? If it can, on account of the great frequency with which we meet leucorrhœa, gonorrhœa ought to be very common among married men; but it is not. As far as my observation goes it is a specific disease, and we sometimes find women with a purulent discharge, and even cancer of the uterus, producing no disease in their husbands.

Dr. Noel. I think Ricord gives some cases in which men have caught gonorrhœa from women having these discharges while the husband was perfectly free from disease. He thinks that the husband has become accustomed to it, and thus it fails to affect him.

Dr. Atkinson. All pus acts as a poison, and the discharge from purulent ophthalmia will produce this disease.

Medical Matters in Arkansas

Seem to be in as disjointed a condition as political subjects. The Phillips Co. Medical Institute, which met at Helena last month, passed separatist resolutions from the State Medical Society. One of them reads:—

"*Resolved*, That we suggest to the medical men throughout the State who desire to elevate and maintain the moral and professional standard of their fraternity, that a convocation be called to meet at Devall's Bluffs on the fourth day of March, 1875, for the purpose of organizing a new state association, whose threshold shall be so strictly guarded that no more occurrences so derogatory to its scientific character shall ever take place as have blighted the prospects and blotted the fair record of our association—once so deserving of the admiration of ourselves and the profession of our sister states.

Editorial Department.

Periscope.

On Ulcer of the Stomach.

In a work lately written by Dr. B. Foster, there appears an article "On the Treatment of Ulcer of the Stomach;" it is an essay of much practical value. We need scarcely observe that this affection occurs chiefly in young females, and that the ulcer does not present any specific character. The main object of the author, through the entire essay is, to show the great value of complete rest, in order to allow the ulcer to heal; and to this end he dwells on the vast importance of keeping up the patient's strength solely by nutritive enemas, a formula for composing which will be found at page 24. During the use of these no food whatever is to be given by the mouth, and, as a general rule, the author states that from eight to ten days is quite sufficient to enable the ulcers to begin to heal. Then, and only then, very small quantities of the mildest food, such as milk, is to be given, and the quantity very gradually increased. By this plan, steadily carried out, the writer speaks of the certainty of getting this class of ulcers to heal; and in proof of this three cases are detailed, in which there could be no reasonable doubt but that ulcers did exist, and did heal. Besides other symptoms, each of these cases had hæmatemesis. This seems to us conclusive of the nature of the cases, and the steadiness, and we would add rapidity with which the urgent symptoms yielded under the plan is very remarkable. Whilst placing rest in the very foremost place, however, the author does not ignore medicines, of which he chiefly speaks of opium and bismuth as being each most valuable in their way.

Treatment of Gonorrhœa.

At a meeting of the Société de Médecine de Rouen, according to the *Practitioner*, M. Bedoin, surgeon to the 3d Hussars, observed that cubebs and copaiba entered into the composition of most of the remedies employed for the relief of blennorrhagia. In many instances they prove useless, and M. Bedoin does not believe they merit the favor in which they are held. Having had charge of a large number of cases, he has adopted a special plan, the principle features of which are as follows:—As soon as the inflammatory period has passed he gives to his patients four or six injections per diem of the solution, composed of crystallized sulphate of zinc, 20 parts; crystallized subacetate of lead, 20 parts; distilled water 1000 parts; the mixture being well shaken each time it is used. As the discharge diminishes the number of injections is gradually reduced to one a day, till not the slightest oozing takes place from the urethra. Towards the end of the attack a little wine is given, and the quantity of this is gradually increased till the disease is cured. Owing to double decomposition, the fluid contains sulphate of lead in suspension and acetate of zinc in solution, which last has a powerfully astringent action. Of seventy-two cases thus treated, only thirteen failed to be cured. In the discussion which followed, M. Bouteiller gave the formula for an injection very successfully employed by M. Vidal de Cassis, namely: Rose-water, 250–300 parts; subacetate of lead, ½ to 1 part; sulphate of zinc, ½ to 1 part; laudanum, 4 parts. Two injections per diem. M. Bouteiller himself, however, frequently prescribed the acetate of zinc. M. Grout found injections containing the nitrate of bismuth very advantageous.

Mineral Oils as Disinfectants.

The London *Medical Times and Gazette* observes that Dr. John Day, of Geelong, in a paper read before the Medical Society of Victoria on May 6th, and published in the *Australian Medical Journal* for June, strongly recommends a trial of the mineral oils as disinfectants. He believes that all the mineral oils possess the property of absorbing oxygen from the atmosphere, and imparting to it increased activity by converting it into peroxide of hydrogen, a substance possessed of very high oxidizing powers. For example, a sheet of paper, brushed over with kerosene or gasoline, yields the characteristic reaction with guaiacum resin and blood. Now, it is generally allowed that all true disinfectants are oxidizers. From his knowledge, therefore, of the oxidizing powers of gasoline, and from the fact that it is much cleaner and more volatile than kerosene, Dr. Day recommends this hydrocarbon for disinfecting purposes. He states that he has lately been using it for the purpose of disinfecting the walls, flooring, furniture, etc., of rooms in which scarlet fever patients were placed, and with most satisfactory results; but he has also had the patients freely rubbed three times a day with ethereal solution of peroxide of hydrogen and lard, in the proportion of one part to eight. A trial of gasoline is further earnestly urged on the profession as a disinfectant in puerperal fever. It might be applied with a brush or sponge to any article of clothing without doing it the slightest harm; and it would not only disinfect it, but also impart to it disinfecting properties which would last for a considerable time. For among the peculiar properties of the mineral oils as disinfectants is that of their being continuous in their action. Instead of being injured or destroyed by age and exposure to atmospheric influences, as all other disinfectants are, they absolutely improve and gather force.

The practitioner might also disinfect his hands by bathing them in gasoline and allowing them to dry in the open air. One caution is necessary in the use of gasoline: from its volatile and inflammable nature it should never be employed near a fire or lights.

Action of Cantharides.

At a recent meeting of the Société de Biologie, says the *Practitioner*, M. Gallippe gave an account of his researches on cantharides. He has experimented with the tincture of cantharides and with cantharidine, and finds that the tincture of cantharides administered in large doses, as from 100 to 200 grammes, causes dilatation of the pupil, bloody vomiting, and a state of comatose drunkenness. Post-mortem examination shows catarrhal inflammation and ulcerations of the stomach and intestines, and he has satisfied himself that it has an undoubted aphrodisiac action. He experimented in different ways with cantharadine, as by intravenous injections, by subcutaneous injection, and by ingestion into the stomach. The intravenous injections were made with doses varying from $\frac{1}{5000}$ to $\frac{1}{500}$ of a gramme, olive oil being used as a vehicle. He has observed the signs of endopericarditis, pleural effusion, pulmonary congestion, and symptoms of intestinal irritation. Cantharides has also in dogs an aphrodisiac action.

On a New Method of Operating on the Larynx.

The *Centralblatt für Chirurgie*, for August 15th, quoted in the London *Times and Gazette*, contains an interesting account of a new method of conducting operations on the larynx, introduced by Dr. A. Eysell, of Halle. Every one, he says, who employs the laryngoscope must be aware how difficult it is to reach a tumor growing in the lower part of the larynx, which is not sufficiently movable to be driven above the level of the vocal cords by forced expiration. He has, however, succeeded in removing them in the following way:—Whilst observing the larynx by means of the laryngoscope, for which he employs either daylight or the electric light, an exceedingly elastic needle is passed through the skin and crico-thyroid membrane, into the larynx, exactly in the middle line, and immediately beneath the thyroid cartilage. The needle is then made to transfix the tumor, and by depressing its handle the latter is forced up into the ventricle of the larynx. No hemorrhage takes place, the only pain felt is during the transfixion of the skin, and no local mischief has followed even frequently-repeated operations. If it be intended to cauterize or tear away the tumor, the patient is directed to hold either the mirror, or better still, the needle; and in this way Dr. Eysell has succeeded in removing two fibromas from the lower part of the laryngeal cavity since last November. Since that time he has endeavored to operate on tumors, with the needle itself, which could not conveniently be attacked through the mouth, and for this purpose he employed the needle used by Schwartz for performing paracentesis of the tympanum; but even this ought to be gently heated before use, in order to make it more pliable. It was passed, as before, into the larynx, and several incisions or pricks made into the tumor, which was then lifted up and cauterized. In a case where the vocal cords were adherent to one another for their anterior two-thirds, as the result of a suicidal cut throat, which caused considerable shortness of breath on slight exertion, a narrow tenotome was passed through the scar, 0.5 centimetre broad, into the larynx. When the point appeared behind the triangular adhesion, the handle was firmly depressed, and by drawing the knife downward the cords were separated almost to their origins. In the same way, no doubt, injections might be practiced on laryngeal tumors, by the employment of a needle-pointed syringe. It may be impossible to perforate the thyroid cartilage in old people on account of calcification.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The well known advocate of the Darwinian theory, Dr. Ernst Hæckel, of Jena, has published a work entitled "Anthropogeny or the History of Human Development." According to him the human embryo represents in miniature the entire series of life development, from the humblest animal organisms to the highest. Having made out the anatomical links of affinity between the ascidian and man, he absolves himself from advancing any further proof of the direct affiliation of the latter to the former. "As a contribution to a special branch of a vast investigation, his work," says an impartial critic, "is no doubt very valuable, and will probably tend to strengthen two growing convictions: that evolution actually is the key to the mystery of nature, and that the secret of its application has as yet set human ingenuity at defiance."

——Dr. G. J. Arkhangelsky has just published, in the Russian language, a book of importance to sanitary science, "Cholera Epidemics in European Russia for fifty years, from 1823 to 1872." The materials which the author has collected and tabulated did not exist before for the general European public, being stored in official bureaux in the provinces, whence the author had to disinter and arrange them.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 28, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ NOTICE. 1875.

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115 South Seventh Street,

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PHYSICAL SCIENCE ON THE WITNESS STAND.

MR. FRANCIS WHARTON, a lawyer of eminence, and a professor, we believe, in the Harvard Law school, is about to publish a work on Negligence. In an appendix to it, published in advance, he reviews the question of physical as opposed to moral causation, and in connection therewith discusses the value of expert testimony from a juridical point of view, and in a manner which is entertaining and illustrative.

The immediate aim of this appendix is a criticism on John Stuart Mill's definition of natural law. Mr. Wharton does not conceal the opposition of view which jurisprudence and theology both maintain to Mill on this subject. The matter is one of deep scientific interest, and as its misunderstanding has given rise to singular confusion of thought in Mr. Wharton's pamphlet and many other writings, it is not amiss to put our readers on their guard against such fallacies.

Law, then, be it observed, has two entirely different meanings. The one is that which is intended in juridical and moral law. Here the essence of law is *conscious obligation*, due to a command or precept laid down by a governing power.

No such signification attaches to natural laws, as those defined by the physical sciences. Nothing in the nature of conscious obligation can be supposed to exist in matter. Yet this obvious distinction is entirely overlooked by Mr. Wharton, and often has been neglected by theological and forensic writers before him.

What, then, is a natural law? Mr. Wharton very justly attacks the definition given by Mill, that it is "the sum of all the antecedents of an event;" or, to put it in other words, that it can be reduced merely to "uniformity of sequence." This is the view of most physicists. It is defended by Prof. Bain, by Tyndall, by Huxley, and by all the materialistic school of thinkers. They say that experience is the only teacher we have, and that long-continued, unbroken ex-

perience of a consequent uniformly following an antecedent is and must be the highest proof of a natural law.

The statement is plausible, but fallacious. Not fallacious, however, on the grounds which Mr. Wharton defends, namely, that cause implies a Will capable of making and breaking a law. No such thing. Several weeks ago we discussed this question of a Will, and pointed out that truth, in its highest forms, admits of no such notion.

That there is a higher warrant for natural law than uniformity of sequence, than mere experience, comes from the nature of reason itself, and is capable of demonstration.

A few examples will serve to show the difference between the empirical law—the result of observed sequences—and the theoretical necessity which is at the foundation of every real law of nature. The planetary motions were first correctly stated by Kepler, who derived them from the astronomical observations of Tycho de Brahe; but though Kepler accurately laid down the law of these motions on experimental grounds, it was reserved for the intellect of Sir Isaac Newton to give these observations their true significance, by demonstrating the force of gravity, by virtue of which the planetary motions are inevitable effects. On the other hand, we know by daily experience that sensations are consequent upon impressions on the nervous peripheries; but the law of this sequence remains the desideratum of psychology.

A real law finds its absolute confirmation in the fact that it transcends experience; that no observation attests the full amount of validity which we know it to possess. Reason alone is its sanction, and not experience; on the contrary, experience rarely comes up to the demands of the law. Thus, no hand of man has ever drawn an absolutely perfect circle; imagination cannot picture one; yet we have many propositions, or laws of relation, about circles, which have in them no mixture of error. The actual velocity of a falling body is in no instance directly as the mass and inversely as the square of the distance; but this very fact becomes the proof of the law, for, allowance made for retardations, the theoretical accuracy of the law is vindicated.

The essence of every real law of nature is its *theoretical necessity*. Expressed in terms of thought, this is the *ens rationis*. Hence, the definition of Mill and Bain must be condemned as incomplete; that advocated by Wharton, who considers natural law an expression of the will of God, must (if that expression is used as in any way corresponding to human volition) be rejected as contrary to the very nature of law; and in any case, the confusion of the three meanings of law, to wit, conscious obligation, observed sequence, and theoretical necessity, should always be avoided by writers on jurisprudence, theology, or physics.

Notes and Comments.

Agency of the Half-Yearly Compendium.

The agency of this periodical, previously in the hands of Mr. Hatch, has been *discontinued*. Those who received it from him are requested to apply directly to this office.

Cardiac Œdema.

In a lecture at La Charité, on disease of the heart, Professor Sée advocated the following treatment of œdema and anasarca due to heart affections:—Extract of squills, fifteen grains; powder of squills, ten grains; for ten pills. From six to ten of these pills to be taken daily. At the same time about one drachm of bromide of potassium is administered daily. Under the influence of these two drugs the dropsy is stated to diminish rapidly.

Animals as Motor Powers.

M. Marey has laid before the French Association for the Advancement of Science some interesting observations on the employment of animals as motor powers. He proves, by means of a very elaborate instrument, that the movement of animated beings as motor powers takes place by jerks, whence results shocks, and consequently a waste of labor. As an illustration of this theory M. Marey cites the effort necessary

to draw a burden behind one. If the necessary force be transmitted by means of a rigid or almost unextensible strap, for instance, of leather, the movement is jerky and more difficult than if it were transmitted by an elastic strap. It would, therefore, be better to attach horses to the shafts with India-rubber traces. He also gives as an illustration the manner in which boats are always dragged along the towing paths by long ropes. It would be impossible, or at least very distressing, to employ short ones. The length of the rope, which alternately tightens or slackens by slow oscillations, has in this case the same effect as India-rubber.

On Ergotine.

Dr. Lombe Atthill, after numerous experiments with ergot and ergotine, reaches the following conclusions:—

1. That *Wigger's pure ergotine* is inert, and useless for the purpose of hypodermic injection.

2. That *Bonjean's* ergotine hypodermically injected exerts a marked effect on cases of uterine fibroids, lessening the amount of blood lost and lengthening the periods, but that its use is liable to be followed by the formation of abscesses.

3. That the *extractum ergotæ liquidum*, B. P., is still more efficient in checking the uterine hemorrhage occurring in these cases, but that its use causes at the time severe pain, and that troublesome abscesses are very likely to form at the site of the injection.

Morphia in Herpes Zoster.

Dr. Bourdon recommends the following:—A layer of collodion, containing hydrochlorate of morphia, in the proportion of thirty grammes of the former to fifty centigrammes of the latter, was applied to the diseased parts without opening the vesicles. The pain ceased on the second day; and after seven or eight days, when the collodion fell off, the vesicles had entirely disappeared, and only a slight redness was apparent.

Bromide of Potassium as a Caustic.

M. Peyraud (*Bordeaux Médical Bull. de Therap.*, Juillet 15), having previously established that the bromide of potassium possesses the property of arresting local circulation, and that a concentrated solution of the salt, subcutaneously injected, produces eschars, reports a case of an extensive bleeding and vegetating cancroid of the face, which he treated by daily applications of the salt, finely powdered, over the mass. In twenty-eight days the projection formed by the disease had disappeared, leaving, however, its base of implantation in the deep tissue. It is stated that these applications have the great advantage of being painless. Peyraud thinks that the bromide acts by arresting the circulation in the capillary vessels rather than by destroying the tissues mechanically, like caustics. It is suggested that this salt may be useful in checking fleshy growths, etc. In morbid growths, in which the skin is not ulcerated, a concentrated solution may be injected into their substance, or the integument may be previously destroyed.

The Use of Koumiss.

It is stated in foreign journals that koumiss has been employed in all the principal hospitals of Paris in affections of the respiratory organs, from mere catarrh to the third stage of phthisis, and that with excellent results. In affections of the digestive organs in persons suffering from albuminuria, it has also been very serviceable. In cases in which the disease is accompanied by diarrhœa, the koumiss is given in a state of more advanced fermentation, koumiss No. 2. The patients soon get accustomed to this drink, and afterwards take it with pleasure. Commencing at first with two or three glasses daily, the dose is gradually increased until two or three bottles or more are taken.

Affections of the Fallopian Tubes.

The *Lancet* remarks that M. Seuvre makes the following statement in a recent thesis:—"I have examined during the last twelvemonth forty females who died of various diseases, and observed that the Fallopian tubes were often the seat of divers affections, the ovaries being perfectly sound." The author considers that the inflammation of the tubes is pretty frequent, and that this condition may give rise to hematocele. He also points out that intra-uterine injections, usually harmless, may become very perilous when the tubes are out of order. The latter, when inflamed, secrete muco-purulent matter; and if at that time an injection is thrown into the cavity of the womb with a certain force, a few drops of pus may be driven into the peritoneal cavity. It is, however, well known that the contraction of the tubes has much more effect in the direction of the uterus than toward the abdomen.

Chloral as a Preservative.

A writer to the London *Medical Times and Gazette*, in describing a visit to the Anatomical school of Clamart, in Paris, says:—

"Among the bodies preserved we were shown one, that of a middle-aged woman, injected in February last, and which is still in a perfect state of preservation, without any sign of decay or any trace of an offensive odor. The body looks as if it had been embalmed, that is, it resembles a body in the earliest stage of mummification, and on inquiring how this was effected, we were informed that it was by injecting into the body a solution of the hydrate of chloral in the proportion of one to ten parts. A mixture of carbolic acid and glycerine in the same proportions is sometimes used, but this is not found so efficacious as the chloral."

Chloral has been used considerably for this purpose in the anatomical rooms of this city (Philadelphia), and with satisfactory results.

Silicate of Soda in Gonorrhœa.

Professor Sée, of Paris, recommends this treatment. His observations extended over a period of six weeks, and were mainly made upon two classes of patients, those with acute or chronic blenorrhagia, with or without orchitis, and those with ulcers of the penis, sometimes phagedenic and complicated with inflammatory phymosis. The solution generally used was three grammes (grs. 46) of the silicate of soda in one hundred grammes (about ℥iv) of distilled water, the strength of the solution being varied according to the extent of the inflammatory phenomena present in each case. Sée says that the silicate of soda can be recommended in these affections in consequence of its cheapness, the ease and freedom from risk with which it may be used, its safety, and the promptness of its action.

The Hourly Death Rate.

According to Dr. Lawson, the English statistician, deaths from chronic diseases are most numerous between the hours of eight and ten in the morning, and fewest between like hours in the evening. Acute deaths from continued fevers and pneumonia take place in the greatest ratio either in the early morning, when the powers of life are at their lowest, or in the afternoon, when acute disease is most active. The occurrence of these definite daily variations in the hourly death rate is shown, in the case of chronic diseases, to be dependent on recurring variations in the energies of organic life; and in the case of acute diseases, the cause is ascribed either to the existence of a well marked daily extreme of bodily depression, or a daily maximum of intensity of acute disease.

It was many years ago suggested by Alexander Von Humboldt that the aerial tides affect the hourly death rates; but Dr. Lawson does not seem to have applied his observations in this direction.

Precautions Against Trichina.

The Medical Society of Kalamazoo, Mich., gives the following advice: Eat no uncooked or half-cooked hog's flesh. The raw flesh of a hog, whatever its shape or condition, whether ham, bacon or pork, salt or fresh, smoked or unsmoked, is liable to contain this parasite, full of life and activity, that may work a remediless mischief in the human body. Bologna sausage, if pork be in it uncooked, is as dangerous as any form of this meat. The heat that cooks meat utterly destroys the life and mischievous power of these vermin, and no one need fear any harm if this fact is observed.

Aspiration of the Knee Joint.

Dr. Dieulafoy, of the *Aspirateur*, cites twenty-two cases of fluid in the joints, which were treated by Desprès sixty-five times by aspiration, with no evil results. Some of the cases were cured in less than a week, with one or three punctures; others in less than a fortnight, with four or six; some in three weeks, with many punctures. Desprès thinks, however, that ordinary treatment is quite as good in most acute cases, whilst in chronic cases of fluid in the joints aspiration is of great service. Other surgeons mention deaths as occurring from puncture.

Significance of Albuminuria.

A correspondent of the *Medical Press and Circular* says:—

The existence, and still more the persistence of albuminous deposits in the urine is so uniformly associated in the mind of the practitioner with the gravest prognosis, that it is comforting to know that not always does this persistence call for so much alarm.

A case of albuminuria, in a man aged fifty, was two years ago under treatment. Dr. Laffan had me make daily analyses of the urine for eighty

consecutive days, and at the end of that time the albumen, which had persisted almost to the close, was found to have disappeared. Dr. Laffan has followed the after-history of this case, and within the last few days analyzed this man's urine, with the result of finding it free from the least trace of albumen. There have been other cases also in which prolonged daily examinations of the urine have disclosed the same result; I may mention one notable instance: It occurred in a patient, aged sixty, suffering from severe dropsy depending on chronic bronchitis. Albumen was found in the urine, and continued for some weeks, and then disappeared. Remedies addressed to the dropsy subsequently removed that affection.

Correspondence.

The Medical Register and Directory of the United States.

Ed. Med. and Surg. Reporter:—

I was highly gratified recently with the reception of the *Medical Register and Directory of the United States*, through the Southern Express Company. I have perused the work with much interest. The importance of this "Register and Directory" to the medical profession of the United States can scarcely be overrated, and I feel confident will be ultimately appreciated by all who take a lively interest in the profession. I hope that it will be continued many years to come, and I have no doubt but that it will form an extremely precious statistical record of the physicians, their professional standing in this country, and will elicit knowledge about medical laws and other sources, etc., hitherto not thoroughly reported in any published works.

I have glanced over the contents of its pages, and although I have found some fault with the spelling of names of some of the physicians, particularly those contained in the Register of the State of Louisiana, yet I deem it a most valuable volume, and commend the enterprise to the patronage of the whole profession. The principal object of the "Register" is to give the widest possible extension to its directory. There should be the greatest possible circulation of the book in every city, town, village, parish and county in the Republic. Every practitioner, every club, every public office, every magistrate, every hotel, should possess a copy.

Please to accept my acknowledgment and the assurance of my consideration. Very respectfully yours, J. B. C. Gazzo, M. D. P.

Thibodeau, P. O., Parish of LaFourche, La.

—A Washington county (Iowa) man has applied for a divorce, on the ground that his wife is an invalid.

News and Miscellany.

The Insane Department of the Philadelphia City Hospital.

The condition of this department is discreditable to the city, and unworthy of this community. We are credibly informed that there is at this time 1105 insane persons crowded in the space allotted for only 600. The attendants cannot keep order among them. They are obliged to pack four or five in a cell at night, only intended for one person to occupy, and to make their condition worse their arms are chained or strapped close to their bodies, and the restraint system in some of its coarsest expressions is rendered inevitable by the lack of sufficient room and attendants. When will this cease?

Medical Students on the Rampage.

It is stated, in the cable advices from Paris, Nov. 12th, that the students of the School of Medicine, having persisted in disturbing Professor Chaiffard, on account of his royalist proclivities, whenever he attempted to lecture, all the lectures have been suspended for one month.

Suicide in France.

In France, suicides have increased from 1739 in 1826, to 5275 in 1872. Very many causes have been alleged to explain this fearful increase of the tendency to self-destruction; thus the abuse of alcohol and tobacco, the struggle for life and quickened activity of mankind, etc. The *Paris Journal* lays great stress, as far as concerns France, at least, on the influence of political troubles and turmoil, entailing general anxiety and misery, failure in business, etc. Thus, in the space of only two years, the troubled ones of 1845 to 1847, there was a sudden increase of 562 in the yearly number of cases. During the more flourishing time of the Empire, gradual yearly increase was arrested. In 1869, with the return of political agitation, the number again rose; and this year, after the troubled times the country has had, it is calculated that the total number will reach at least 7000. For the city of Paris alone there were 93 more suicides in 1873 than in 1872; to wit, 567 against 660; while this year, should the same daily proportion of suicides continue, it will reach about 1000.

The American Electrical Society.

An association to be known under the above name was recently organized at Chicago, Ill. The objects are an interchange of knowledge, professional improvement of members, the advance of electrical and telegraphic science, and the establishment of a central point of reference. General Anson Stager, of Chicago, was elected president, and Mr. C. H. Haskins, of Milwaukee, vice president.

Centenarians.

Dr. Snow, of Providence, R. I., has prepared the following list, which includes all the centenarians who have died in Providence since 1840, a period of thirty-four years:—

	Died.	*Name.*	*Parentage.*	*Age. Y.*	*M.*	*D.*
1846	Oct. 28—	Rosanna Smith, col.	Am.....	108	0	0
1848	July 5—	Mary Mathewson, wh.	Am....	108	0	0
1850	Jan.—	Thankful Curless, col.	Am.....	100	0	0
1852	March 7—	Hana Monaghan,	Irish.....	105	0	0
1855	Aug. 7—	Michael Mahoy,	Irish.....	108	0	0
1856	Sept. 17—	Seth Yates, wh.	Am.....	100	6	14
1857	March 21—	Patrick Donnelly,	Irish....	103	6	5
1860	May 11—	Ann Conlan,	Irish.....	100	0	11
1860	July 3—	John Simmons, col.	Am.....	110	0	0
1873	March 16—	Catharine Fannon,	Irish...	100	0	0
1874	Oct. 14—	John Williams, col.	African.	107	0	0

Susan McGirr died Oct. 27, 1869. She strenuously claimed to be 110 years of age, and was referred to as of that age in the Directory for 1868. Her age was reported as 98 at the time of her death.

In regard to two or three of those named above, the age was well authenticated. The others were, at least, very doubtful.

Personal.

—Professor Ludwig's *Jubiläum*, or the celebration of the twenty-fifth year of his professorship, took place at Leipzig, October 15. This eminent teacher, founder of the Saxon Physiologische Anstalt, has in the past quarter of a century had more than a hundred and fifty private students, whom he has trained in special investigations, and of whom many have since become distinguished professors. There was a large assemblage of friends and pupils to take part in the ceremonies, including Professors Ernst Heinrich Weber, the Nestor of physiology; Helmholz, Du Bois Reymond, and others of less fame, from Upsala, Moscow, Edinburgh, Brussels, Vienna, etc.

—A Berlin medical journal states that the distinguished clinical professor, Dr. Traube, is now confined to his bed by one of his frequently recurring attacks of asthma. The cause of the disease has never been ascertained, in consequence of the horror the distinguished Professor has of submitting to any examination. It has also been observed, singularly enough, that many practitioners have an objection to having autopsies performed upon themselves, so that several of these have died without the real nature of their disease being known.

—Death has been busy with European medical celebrities lately. On October 30th, Dr. Edwin Lankester, the eminent sanitarian, died of diabetes. The profession in Belgium has had to lament the loss of Dr. Marinus, secretary to the Royal Academy of Medicine, and the author of several valued publications; and that of Dr. Jacquemym, Professor of Chemistry at the University of Ghent and Member of the Chamber of Representatives. In Portugal, Dr. Abel Jordao, the author of valued researches on diabetes, has died from the effects of pernicious fever. In Italy, Dr. Cesare Febbri, who was beloved for his amiable disposition and active humanity, has also departed this life. In France, the obituary of October includes the names of Moutel, Chaumeil, Letessier, and Hæberlé.

—A cavalry soldier in Arizona is said to have been bitten to death, recently, by his own horse.

OBITUARY.

BROWER GESNER, M. D.

Dr. Gesner, whose decease at Fort Gibson, Indian Territory, is recorded, will be remembered as a surgeon of more than ordinary skill, attached to the Army of the Potomac during the late war. His professional services were exerted, during the whole of the unfortunate struggle, to alleviate the sufferings of the wounded, he being among the first to volunteer when New York State sent her regiments to the field. He was in the field from the skirmish at Big Bethel down to the decisive battle of Gettysburg, and gained an honorable record through all the battles fought by the Army of the Potomac and through the Peninsular campaign. He was at one time Surgeon-in-Chief of the artillery in the Second Army Corps. When the war closed he was brevetted lieutenant-colonel by a special act of Congress.

MARRIAGES.

COLES—BULLITT.—On Tuesday, October 27th, 1874, by Rev. E. A. Fogge, D.D., at Christ Church, Philadelphia, John W. Coles, Surgeon United States Navy, and Theresa L., daughter of John C. Bullitt, Esq., of Philadelphia.

HARTZELL—STAUFFER.—On Tuesday, November 10th, at the residence of the bride's parents, at Adamstown, Pa., by Rev. S. S. Henry, of Hinkletown, Mary L., daughter of the late Harry Stauffer, Esq., and Dr. Wm. Harvey Hartzell.

HERSEY—PATTERSON.—November 4th, at the residence of the bride's mother, Allegheny City, Pa., Dr. Samuel S. Hersey, of Cleveland, O., and Miss Lucy E. Patterson.

HOPKINS—WEST.—At the residence of the bride's parents, in Princeton, Ind., November 5th, Mr. Robert P. Hopkins, of Evansville, and Miss Fornie West, second daughter of Dr. V. T. West.

MULLEN—DILLON.—On the 2d inst., at the Church of the Immaculate Conception, St. Louis, Mo., by the Rev. Father Reily, Dr. Alex. J. Mullen and Mrs. Alice Dillon.

ROBINSON—RING.—At Darien, Conn., on Wednesday, November 4th, 1874, by Rev. Howard Crosby, D.D., James A. Robinson and Mary Clark Ring, niece of Dr. Alonzo Clark, of New York.

STEWART—KELLY.—At the residence of the bride's mother, on Thursday, October 29th, by Rev. Mr. Furgurson, W. D. Stewart, M.D., of Pemberville, Ohio, and Miss Lessie Kelley, of Fostoria, Ohio.

DEATHS.

DARKEN.—In New York city, on Sunday evening, November 8th, of diphtheria, Charles A., child of Dr. E. J. and Catharine Darken, aged 7 years.

HOWE.—At Birmingham, Conn., on Monday morning, November 9th, Cornelia A., wife of Dr. John I. Howe, and daughter of the late George Ireland, aged 74 years.

KEMPER.—In Cincinnati, Ohio, Saturday afternoon, October 31st, Sarah Hall, youngest daughter of Dr. Andrew C., and Louisa A. Kemper, aged 4 years, 3 months, and 16 days.

PILE.—In Philadelphia, on the 8th inst., Wilson H., Jr., son of Dr. W. H. Pile, aged 35 years.

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Communications.

A CASE OF SUPPURATIVE OVARITIS.

Read before the Onondaga Medical Society, New York,

BY W. W. MUNSON, M. D.,
Of Otisco, New York.

Mrs. M., aged 46; large, fleshy, healthy appearing woman, mother of one child, 25 years old. Claims to have never been pregnant before or since. Menstruation has been irregular since puberty. Profuse leucorrhœa at times for several years, for which her former physician has given ergot and sulphuric acid, with temporary relief. I renewed the prescription several times for about a year, but during the past year I have declined to do so, not being willing to prescribe so loosely without an examination, which she refused. She has suffered considerably during the year just past, with headache, vertigo, and other symptoms of cerebral congestion, for which I have prescribed bromide of potassium, with benefit.

This is sufficient to bring the history of the case down to March 1st, 1874, when she was attacked with severe colic. My diagnosis was gastralgia, as the pain and tenderness appeared to be chiefly at scrobiculus cordis. This was soon relieved by hypodermic injection of morphia and atropia, with tr. opii and iod. internally. Dose of sod. et potass. tart., ordered to be taken when rested.

March 3d. Very severe headache to-day. Consider it neuralgic, and administer hypodermic injection of morphia and atropia, which relieved the pain, and she went to sleep in a few minutes. Quite lame and tender in region of stomach, and in right hypochondrium, but no more so than is common two days after a severe colic. Salts have not operated; give more active cathartic.

March 5th. Feeling very well; cathartic acted kindly; discharged.

March 6th. Gastralgia (as I call it) returned in great severity. The pain extends further around into right side than before. Relieved at once with the hypodermic injection.

March 7th. No more pain, but tender and lame through bowels. Hiccough annoys very much. Two co. cath. pills ordered, as bowels are confined.

March 9th. Vomiting much bile; pills have also carried off much bilious matter; indeed, it seems to be one of those cases of gastric disorder with pain, vomiting and constipation, which the people call "biliousness."

March 11th. Doing well; taking light nourishment. My notes show that she continued to improve from this time, with occasional bilious vomiting and stools, until

March 20th. When, on examining abdomen, I find a hard tumor in left inguinal region. Appears to be as large as the head of a fœtus at full term, but it is not tender, and she has heretofore been ignorant of its existence. Cannot make out its attachments, as there is too much abdominal tenderness on right side to allow the necessary manipulations. This soreness appears to be lower down in right lumbo-abdominal region than formerly. Diagnosis not clear.

March 27th. Soreness nearly all gone.

Vomited much bile to-day; also passed much bilious matter by bowels.

March 29th. New feature presented to-day, in the discharge from bowels of a large quantity of offensive purulent matter. This leads me to the diagnosis of *typhlitis*, as the soreness has so long been low down in right lumbar and inguinal regions, and I conclude that the inflammation has passed on to suppuration, opening into the cæcum. Direct large enemata, to be continued twice a day as long as they bring away offensive matter.

From this time she continues to improve slowly till the 25th of April, when she is suddenly attacked with a severe chill at about noon, soon followed by agonizing pain in right side of abdomen, with change of countenance, collapse, and every symptom of local peritonitis. The abscess had filled again, and ruptured into peritoneal cavity, as I decided. Administered opiates in large quantities, both hypodermically and by the mouth, until pain was subdued. She continued to sink, vomiting frequently, and died April 26th, at 6 P. M., thirty hours after this attack of chill, pain and collapse, and eight weeks after first attack of "colic."

At the autopsy, sixteen hours after death, made by Dr. Kneeland and myself, recent general peritonitis was found, the lymph beginning to agglutinate the bowels. A sero-purulent fluid oozed up in every direction among the abdominal organs, but there was no very large quantity in the abdominal cavity. The cæcum, with its surroundings and connections, were carefully examined and found perfectly healthy, with the exception of the peritonitis, which was general. The right ovary was discovered to be the seat of suppuration and rupture. The organ was converted into a sack of pus, of about four fluid ounces capacity. Somewhat over half the contents had escaped into the peritoneal cavity.

Below and behind this larger sack of matter was a small empty sack, probably a small portion of the ovary that had suppurated previously and opened into the rectum on the 29th of March. This was doubtless the source of the purulent fecal discharges at that time, although search for the opening was not made.

The tumor in the left side was found to be an interstitial uterine fibroid, developed in the anterior wall, and tilted over into the left iliac fossa. Cavity of uterus not much enlarged. Neck of womb considerably elongated. There was no pelvic cellulitis, no pelvic peritonitis which appeared to have existed previous to the rupture, unless we except that in the immediate vicinity of the diseased ovary, which appeared to be older than the general peritoneal inflammation; but this is easily accounted for by the extension of the disease from the ovary.

The case is reported for the reason that we consider it one of uncomplicated inflammation of the ovary, and especially because the diagnosis was not clear.

But I think that none of us need feel any great humiliation in failing to make a proper diagnosis in these cases, in view of their rarity, and the extreme difficulty which all observers acknowledge in distinguishing diseases of the ovaries. Dr. Thomas, in his work on diseases of women, says: "Our means of diagnosis of ovaritis, both acute and chronic, is, in spite of all advances, so elementary and unreliable, that the result is discordance of views and uncertainty as to pathology and therapeutics." In referring to his table of autopsies made by Hennig, with special reference to this point, says Thomas: "Out of eighty-one bodies, a diseased condition of the ovaries was found in fifty-three, a proof of how frequently diseases of the ovaries cannot be recognized during life." Dr. Thomas quotes, with apparent approval, the opening of Scanzoni's article on diseases of the ovaries as follows: "If we felicitate ourselves upon the progress which has been made during the last few years, in the diagnosis and treatment of the diseases of the uterus, we should, on the other hand, remember that the labors of gynæcologists in respect to the diseases of the ovaries have been almost fruitless in practical results."

As Dr. Thomas has so admirably summed up all the knowledge at present accumulated on diseases of females, I ask to quote him further on this point. In speaking of ovaritis, he says: "This affection, though very common as a result of parturition or abortion, is, except as a complication of pelvic peritonitis, or cellulitis, quite rare in the non-puerperal woman. Mme. Bovin goes so far as to say 'that it would be difficult to point to a single well authenticated case out of the condition of pregnancy.' Dr. West remarks that, 'acute inflammation of the substance of the unimpregnated ovary is of such rare occurrence that no case has come under my own care, and but one has presented itself to my observation.' Prof. Fordyce Barker says, 'I doubt very much if I have ever seen a clear,

well-marked case, and I have been for years looking for its existence in the dead house.'"

Dr. Thomas gives a record of two cases which he appears to consider rare, reported to him by Drs. Roth and J. C. Smith, I give the report of the autopsy in each case.

1. The peritoneum covering the pelvic viscera was covered with a recent lymph, and between the organs a great deal of puriform serum existed. Abdominal peritoneum healthy. The left ovary, which was agglutinated to the intestines, tubes, and uterus, was about the size of a hen's egg. In its removal it was broken, and several ounces of pure pus escaped. No evidences of cellulitis could be discovered upon careful dissection. Other organs healthy."

2. "Agglutination of the intestines every where, with an effusion of several ounces of pus, mixed to a greater or less extent with serum. An abundance of organized lymph lined the pelvic cavity and elsewhere. Raising the right ovary, in situ, upon the finger, a quantity of pus escaped from a rupture of the organ, sufficient to flow over in every direction."

In the first case, general peritonitis did not exist, and the abscess had not ruptured. In the second case, which closely resembled ours, there was general peritonitis, and the pus had escaped into the peritoneal cavity.

Dr. Tanner says, in his work on "The Practice of Medicine," "Pus may form in the ovary without there being any well marked symptoms to indicate its presence, except more or less severe and constant pain. This happened with a lady who was under my care several years ago, and who died in consequence of the effusion of the matter into the peritoneum."

I have been thus free with quotations, for the purpose of giving the opinions of distinguished observers on the extreme rarity of ovaritis, and the difficulty of its diagnosis.

Dr. March, in speaking of his celebrated case of extirpation of a tumor from the neck, in which he divided the external jugular vein, allowing the admission of air, which terminated his patient's life in a few minutes, says: "In my opinion, unsuccessful operations are often as highly important on the score of experience, not only to the individuals concerned, but to the medical profession at large, as are those that are crowned with the most triumphant success. Though, unfortunately for the improvement of surgery, the reports of such cases are too often kept from the public eye, either from fear of censure or loss of professional reputation."

So it seems to me, that if physicians would put away all "fear of censure or loss of professional reputation," and take as much pains to report our unsuccessful medical cases, with our errors in diagnosis and treatment, as we do to report what we too often are pleased to unjustly consider our "brilliant successes," they would often be "as highly important on the score of experience, not only to the individuals concerned, but to the medical profession at large, as are those that are crowned with the most triumphant success."

A CASE OF IDIOPATHIC TETANUS—RECOVERY.

BY J. A. MURPHY, M. D.,
Of Wilkesbarre, Pa.

As it is by the accumulation of cases and facts in the treatment of diseases that we are able to judge of the successful action of certain remedies in peculiar and interesting forms of disease, I present the following case of idiopathic tetanus. It is of great interest, first, in point of recovery, and second, in showing the antagonistic action of two greatly recommended agents used in the treatment of that disease.

Nellie K., æt. nine, living in South Wilkesbarre, complained for three or four days of a sore tongue, difficulty in swallowing, and pain in her right side. At the same time her mother noticed an unusual expression of the face, with a peculiarly marked pinched appearance around the mouth. Her previous health had always been delicate. Dr. E. R. Mayer, the family physician, was sent for, and fearing some malarious trouble, ordered comp. cathartic granules, to be followed with quinine. The cathartic failing to operate, an enema was ordered, which produced a free evacuation. Dr. Mayer was obliged to leave the city for ten days, and August 14th turned the case over to my care until his return. On the 15th, my first visit, I found her laboring under well marked symptoms of tetanus, which had developed during the night. There was persistent rigidity of the muscles of the jaw, and of the greater part of the voluntary muscular system, with opisthotonos well marked, and frequent paroxysms of tonic spasms, which were always increased by the effort to protrude the tongue. Tongue

coated; breathing short, hurried and anxious. Profuse perspiration.

Upon a thorough and minute examination, I could find no injury of any kind, and therefore could only class it as a pure case of idiopathic tetanus from a rheumatic or malarial origin.

To counteract the tetanic action, tr. physostigma, two drops every hour, and potassii bromidi, six grains, every two or three hours, and mustard to the spine, were ordered.

Aug. 16.—No improvement; pulse 150; same treatment continued. Milk and beef tea, in small quantities, was given every hour for nourishment.

Aug. 17.—No improvement; pulse 160. I asked Dr. P. D. Keyser, of Philadelphia, who was then visiting Wilkesbarre, to see the patient with me, which he kindly consented to do, and he recommended ice to the spine, and tr. cannabis indica. But desiring to try the physostigma, I continued it another day.

Aug. 18.—Dr. Keyser again visited her with me, and the pulse was found reduced to 120, but the rigidity and spasms the same. The ice had been applied to the spine for one hour during the night.

Aug. 19.—Pulse 120; rigidity the same; more difficulty in swallowing. Now finding that there was no improvement under the physostigma, I accepted Dr. Keyser's suggestion and ordered tr. cannabis indica, two drops every hour, and ice to the spine for one hour, every three to four hours.

Aug. 20.—Pulse 120, and feeble; muscles somewhat relaxed; can open the jaws wider. The ice seeming to annoy her, it was omitted. The cannabis indica continued in two drop doses every hour without any more marked improvement. After which it was increased to three drops every hour, and so continued for four or five days, with slight improvement. There was less rigidity, and the tonic spasms less frequent.

Dr. Mayer having now returned, again took charge of the little patient, and continued the hemp treatment, giving it in doses of five drops every three hours, with ten grains of chloral hydrate, and fifteen grains of Squibb's extract of ergot, three times daily.

This treatment was continued for several days with slight improvement each day, when the tr. physostigma was again tried in the place of the cannabis indica, with the effect of the jaw and muscles becoming more rigid and the spasms more frequent. Finding that this could not be borne, the cannabis indica was returned to, with improvement after the third dose, and continued on in this treatment until the patient recovered, which required five weeks.

This case shows the efficacy of the cannabis indica in tetanus, while the physostigma, which is highly recommended by some writers, could not be given with any beneficial effect, rather the reverse all the time. The ice to the spine was found to be excellent in reducing the pulse and heat of the body.

During the whole course of the disease the urine was passed in very small quantities about six times during every twenty-four hours, and was very highly colored. Her bowels were not moved for two weeks, except by injections.

The little girl fell from an apple tree, a distance of five or six feet, a day or two after she had been complaining of not being well, but as no injury in the least could be found, I am inclined to think the fall was more the result of the disease than the disease the result of the fall.

After careful study and examination of the case, Dr. Mayer and I are inclined to think it a pure case of idiopathic tetanus due to malarial origin, as malaria is the most prevalent trouble in this region of country.

SHOULDER PRESENTATION.

BY J. S. BOONE, M. D.,
Of Tyler Co., West Virginia.

Seeing several cases of shoulder presentation reported in your Journal, probably the cases I send you will interest some of the readers of the REPORTER.

CASE 1. I was called on the 15th day of March, 1871, to see Mrs. Plate, a German, aged 48, and the mother of eight children. I arrived at the house at 7 A. M., and found her in labor, with strong expulsive pains. She told me that she had felt the first labor pain at 1 A. M., and the bearing down pain at 5½ A. M., the liquor amnii being discharged soon after. And making the usual examination, I found a hand and arm in the vaginal canal, palm of hand towards the sacrum, thumb pointing toward left acetabulum, and I could feel the cephalic mass through the abdominal walls, resting on the left ilium. I knew then I had a right shoulder presentation, with face looking backward and head in left side.

Knowing I would have to change the pre-

sentation, I concluded to try cephalic version, believing that if I failed in this, I could bring the feet down. The woman was placed on her back, with her knees well drawn up; then I introduced my left hand into the vagina and tried to get the arm back into the womb; at the same time I tried to push, with the palm of my right hand, the head toward the median line of the pelvis; of course these efforts were made during the absence of uterine contractions, but on account of the contractions becoming so strong and frequent, and the expulsive efforts of the woman so powerful, I failed in effecting the version; not having chloroform with me to control the expulsive efforts of the woman, I placed her on her breast and knees, and merely introduced the index finger of my right hand into the vagina, touching the presenting part, and in the absence of a pain I kneaded or pushed the child's head with my left hand to the superior strait, the prolapsed hand of the child receding from my touch, and the head taking its proper position at the strait; after one or two pains in this position, she was placed on her back and delivered, by the natural powers, of a fine healthy boy; the woman made a rapid resovery from her confinement.

Case 2. On the 3d day of September, 1874, I was called to see Mrs. Colvin, who was supposed to be in labor. I arrived at the house at 5 P. M., and found her up and about the house as usual. She said she had been having pains but they had stopped, and that she felt very comfortable at the present time; this was her thirteenth pregnancy; she rested very well that night, until 3 o'clock in the morning, when the pains became frequent and strong. I then made an examination, and found the parts in good condition, the os dilated and the membranes containing the amniotic fluid protruding through the os uteri; on pushing the examination a little further, I found a shoulder presenting, which proved to be the left shoulder, face front, and head in the left iliac fossa. I concluded to change it into a vertex presentation by performing cephalic version. I placed the woman in position and introduced my left hand into the vagina, and while pushing the shoulder toward the right side, I pushed the head with the palm of my right hand toward the superior strait. I had no difficulty in changing the presentation into a vertex, and the head took its proper position at the superior strait, but as soon as this was accomplished the pains ceased.

I waited perhaps an hour or two for the pains to come on, but failing to do so, I made another examination, and to my surprise, found the head had resumed its old position, and the shoulder presenting again. I immediately rectified the position, and ruptured the membranes, and gave a tablespoonful of tinc. ergot, fully expecting the womb to contract and force the head into the strait; but after waiting some time, and the pains not coming on, I found the head back in the iliac fossa, and a hand and arm down in the vagina; still hoping to effect the delivery without bringing the feet down, I replaced the arm in the womb, and without much difficulty got the head back to the superior strait again. I then gave tablespoonful doses of tinc. ergot every half hour until she took ℥iij, then I gave the fluid extract until she took ℥iss, which was all I had with me, and still no pains. I gave her ten grains of quinine, knowing it was supposed to act on the womb, but with all the manipulations, ergot and quinine, the womb remained quiet. I then determined to bring the feet down, but I found the arm down again and the os grasping it tight. I suppose on account of the frequent examinations, etc., it became contracted and rigid.

I gave the woman twenty grains of hydrate of chloral, and she slept three hours, when I found the os relaxed and dilatable. I placed the woman in position, and carefully introduced my left hand into the womb, and grasping a foot with considerable difficulty, brought it down to the vulva; after using strong traction, and not being able to move the child from this position, I found on examination a hand and the head at the brim of the pelvis, but by using stronger traction, I completed the version, and in a short time removed a dead child weighing eight pounds. And with all the irritation consequent upon this operation, there was no perceptible contraction of the womb until the head was passing through the os, when expulsive pains came on. I had no difficulty with the placenta, and the woman made a rapid recovery from her confinement.

I believe that if the pains had come on when cephalic version was accomplished, the labor would have been short and the child been born alive; but the womb being inactive and powerless, the only proper way to effect delivery was by podalic version.

There is one thing certain, cephalic version was the easiest of the two methods, both to the

woman and myself, and in shoulder presentations I recommend a trial of cephalic version before resorting to the more difficult and dangerous method of podalic version. I would also speak in favor of hydrate of chloral in rigid os uteri, and think it should be preferred to opium and inhalation of chloroform. I would say to the Hoosier Doctor, whose article is in the Reporter, No. 16, October 17th, try it.

HEMORRHAGIC DIATHESIS.

BY S. B. CHASE, M. D.,
Of Osage, Iowa.

Reviewing some notes of the following case, I thought they might not be uninteresting to your readers.

On Tuesday, July 23d, 1872, I extracted the wisdom tooth from the left side of the lower jaw of A. M. Bryson, a lawyer of this city. Mr. B. is an American, about thirty years of age, of full habit, weighing one hundred and sixty pounds, and perfectly healthy.

At the time I extracted the tooth, he informed me he came near bleeding to death from extraction of the tooth in front of it. The first molar had been previously drawn without special hemorrhage. At the time the second was extracted, having bled about three weeks, in defiance of the best medical aid at command, and until nearly exhausted, he stopped the hemorrhage by holding the finger firmly pressed into the cavity, about twelve hours, with the upper teeth shut hard upon it.

I had a vivid recollection of having treated him for epistaxis, in which I succeeded in checking the hemorrhage with full doses of tinct. ferri mur. internally, after having failed with other remedies.

I also remembered having barely saved the life of his little daughter, aged three years, in the winter of 1869 and 1870, from profuse uterine hemorrhage. She had three successive attacks, at intervals of about four weeks each, ushered in with the usual accompaniments of puberty. This little girl had chicken-pox during the time, and the pustules filled with blood almost as soon as raised. In this case, as in the father's, the tinct. ferri mur. succeeded after other remedies failed.

Mr. B. informed me that he had a brother who had bled severely from the kidneys and bowels for more than a year, occasioned by jumping from a horse.

Although aware of these facts, and admitting the possible danger, I fearlessly extracted the tooth, not entertaining a doubt but I could readily stop the bleeding, should it occur.

The gum appeared healthy, and the tooth came easily; nor did ten drops of blood follow its extraction. After remaining in the office about half an hour, greatly rejoiced at the success, as he had suffered some time from the tooth, fearing to have it drawn, he left for home, free from pain or indications of bleeding.

After about one hour, without premonition, the blood burst forth with great violence. Continuing to bleed profusely, he returned to my office, as I had directed. I filled the cavity with ferri persulph, which at once checked the hemorrhage, and he returned home, more pleased, if possible, than at first, both believing the trouble ended.

He went about his usual business that day, and slept well that night. Early next morning the blood again gushed forth. The iron was again used, with perfect success for about ten hours, when the bleeding again burst forth. The cavity was repeatedly plugged, and the iron continued, with slight variation, until Saturday, each period of success shortening, until plugging, compression, and astringents, in every form, appeared to lose control of the hemorrhage.

Every known remedy, both external and internal, was tried without avail. After having been checked a short time the blood would pour out as violently as at the first. It began to ooze from the gums as from a sponge, and by Tuesday evening, in defiance of astringents and tonics, aided by the most nutritious diet, the face began to assume a cadaverous expression; the extremities became cold, and the outlook was about as cheerless as one could well desire. The sufferer had not lain down for a week, and the indication that "tired nature" was about ready to yield the contest was painfully apparent, all the physicians in the place generously aiding in the watchful care, both day and night.

At this stage we used nutmeg, browned like coffee, the panacea of a soldier, and with most astonishing success. The bleeding stopped, as by magic, for about six hours, when out it burst again, as fresh as at first. We repeated this remedy some four or five times, at each time with shortening intervals, until its power was gone. A strong solution of collodion, with

all the tannic acid it would hold, succeeded for a number of hours once, but for once only.

A free use of kino in the cavity and about the gums, with my finger pressed as firmly upon it, for a number of hours, as the patient could bear, partially checked the hemorrhage; yet a combination of kino, catechu, and tannin appeared to increase the bleeding.

After Tuesday we so far controlled the hemorrhage, that on the whole we made blood faster than the sufferer lost it, thus passing the danger, though by no means relieving the care or anxiety.

Here was a case in which the "sure cure" of "the oldest and wisest inhabitant" failed, "the vanity of earthly wisdom."

The actual cautery was not tried, as it had signally failed in his previous case. The most vigorous application of arg. nit., used at the earnest request of an able physician, increased the trouble.

After thirteen days of doubtful struggle, we finally succeeded with the same remedy which had repeatedly failed us, a plug of persulphate of iron, yet not until the patient had bled at least eight quarts. In a medical journey of about twenty-five years I thought I had traveled over as hard spots as I would be likely to meet, yet can earnestly say, give me a repetition of any of them rather than another job like this.

DELETERIOUS RESULTS FROM WEARING ARTIFICIAL TEETH SET UPON THE CONTINUOUS RUBBER BASE.

BY DR. J. C. C. DOWNING,
Of Wappinger Falls, N. Y.

Case 1.—Mrs. B. consulted me, May 7th, 1874, native of United States, æt. 43, married second time; states that she has been sick, or feeling miserable, for over six months; has been under treatment of another regular physician during that time. Head symptoms: occasional dizziness and confusion of ideas, and sluggishness of the memory; restlessness, and inability to obtain refreshing sleep at night; depression of spirits. Eyes: dimness of vision, muscæ volitantes, photophobia, increased lachrymation; pain, deep seated; from the iritis present, could not obtain a satisfactory ophthalmoscopic examination. Nasal secretions alternating in excess, or deficient. Mucous lining of mouth, throat, tongue, gums, etc., congested, and irregularly covered with various sized patches of superficial ulceration. Painful deglutition, increased salivary secretions. Fetor of breath. Skin of the arms, neck, chest, and to a greater or less extent, the rest of the body, covered with an eruption in various stages of progress, attended with a sense of heat, dryness, and itching. Pains in the bones, which are worse at night. Loss of appetite. Irregular menstruation.

As she was not wearing artificial teeth at the time of my visit (on account of the soreness of the gums) I did not have my attention drawn to them. Improvement under treatment was slow, with frequent relapses. After three months had elapsed I discovered that, whenever the state of the mouth would allow of it, she wore the articles mentioned above. I examined them, and discovered that the polish was gone, and under a small lens the surface appeared studded with minute excavations, like needle pricks. She had worn them sixteen years, and was incredulous when I asserted that I held in my hands the whole cause of her sickness. Why had they never troubled her before? She consented, however, to wear them only when needed to masticate food, and I directed her husband to apply to them, frequently, a shellac varnish. From that time the case was, in every way, steadily improved.

Case 2.—Mrs. C., æt. 59; has been in good and improving health. Recently ad a change made in artificial teeth worn; now has a set as above. Requested me to examine her mouth. Discovered the mucous lining of lower gums and cheeks congested, tender, and showing several small, superficial, white, eroded, painful spots. Stated it as my opinion, that the mercury used in the manufacture of the plate was being slowly decomposed, from its union to other substances, and was acting both locally, and probably constitutionally. Moreover, on examining the set, I noticed a plug of amalgam in the concave side of the plate, which, the dentist had said, was inserted to fill a cavity caused by an air bubble during its manufacture. Mrs. C. then told me that her old family physician had given her a similar opinion, of the correctness of which she is now convinced. I would like to ask, are such cases of frequent occurrence? May not such causes be overlooked, if the local effects are not marked, but the general or constitutional ones are?

Hospital Reports.

PHILADELPHIA HOSPITAL.

CLINICAL SERVICE OF WM. PEPPER, M. D.,

Clinical Professor of Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

Two Cases of Ascites, with Remarks on the Diagnosis and Treatment.

Gentlemen:—Ascites may occur either in combination with hydrothorax and anasarca, as an element of general dropsy, or as a purely local dropsy. In this latter sense, it may be connected with chronic peritonitis, but is much more frequently occasioned by obstruction of the portal circulation, and it is to this last form that your attention will be directed to-day.

Portal obstruction is generally due to cirrhosis of the liver, but it may depend upon other hepatic diseases, as, for instance, cancer, and is sometimes caused by the pressure of a tumor upon, or the presence of a clot within, one of the branches of the portal vein, while occasionally two of these causes are associated in the same case. In illustration of the first condition I have brought before you a patient, whose history is as follows:—

*Ann S., 45 years of age, a widow, was admitted to the Philadelphia Hospital, on August 12th, 1874. She has always been a hard working woman, has been perfectly temperate in her habits, and enjoyed good health until last winter, when she suffered with copious bloody discharges from the bowels, and was confined to bed for three or four weeks. She attributed this to a severe fall. After this she recovered entirely, and remained well until May, 1874, when she began to suffer from constipated bowels, drowsiness, and flatulence after eating, and enlargement of the abdomen. Notwithstanding the treatment employed, the constipation and dyspeptic symptoms continued, and the abdominal swelling gradually increased, up to the time of coming into the hospital.

On admission, the abdomen was considerably distended, and the cutaneous veins were much enlarged; there was slight œdema of the legs, the respiration was laborious, the pulse moderately accelerated, and upon physical exploration, the existence of a collection of fluid in the peritoneal cavity was ascertained. A thorough trial of diuretics and purgatives was made, but as the dropsy showed no signs of diminution, paracentesis was performed on August 30th, and sixteen pints of clear, light yellow fluid withdrawn. The operation, however, was followed by only temporary relief, as the liquid soon reappeared and accumulated more rapidly than before.

At present (September 23d), she is moderately emaciated, and very weak, her skin is sallow, but there is no true jaundice, the sclerotics and the mucous membranes being free from any icteroid tinge. Her tongue is pale, indented by the teeth, and lightly coated; the appetite is poor, and there is much flatulence and discomfort after eating. She has no fever; the pulse is small, and in spite of her feebleness does not count more than eighty-four in the minute; the breathing is less difficult than before the last tapping, although the abdominal distention is greater. The enlargment of the belly is symmetrical and very extensive; there is decided fluctuation on palpation, and the area of percussion flatness, which in the sitting posture extends over the lower three-quarters of the abdomen, varies with each change in position.

There is no puffiness of the face or hands, and only slight œdema of the legs from the ankles up to the knees. No cardiac complication can be detected; the urine contained albumen, previous to the first tapping, but as the quantity was small, and as there were no tube casts, I was led to hope that the albuminuria was only dependent upon congestion of the kidneys, and this was confirmed by its disappearance so soon as the operation had relieved the pressure of the abdominal effusion.

That dropsy of the peritoneum may occasionally result from a combination of cirrhosis with other hepatic affections, was well exemplified in the case of a patient who died yesterday in this hospital, and from whom the pathological specimens that you see upon the table were obtained; these are the records of the case:—

David P., forty-five years of age, born in Scotland, a miner by occupation, was admitted to Blockley Hospital on September 24th, 1874. He had been a spirit drinker for a number of years, and although he rarely became intoxicated, was in the habit of taking whiskey three or four times daily, often drinking on an empty stomach, and generally taking his liquor undiluted. His family history was healthy, and, notwithstanding his mode of life, he had enjoyed good health himself until one year before coming into the hospital, when he began to suffer from want of appetite, impaired digestion, constipated bowels, and occasional vomiting, with weakness and gradual emaciation. In June, 1874, his abdomen began to enlarge, and shortly afterward he noticed swelling of the left leg.

On admission he was much emaciated and very weak, his skin was sallow, but hardly yellow enough for jaundice, and there was very slight staining of the sclerotic coats and of the mucous membranes. His tongue was coated with a yellowish pasty fur; his appetite was poor; there was much flatulence and oppression at the epigastrium after eating; mouthfulls of undigested food were vomited at intervals, and the bowels were constipated. There was considerable symmetrical enlargement of the abdomen, and on physical exploration, a considerable quantity of fluid was detected in the peritoneal cavity, though the greater part of the enlargement was dependent upon the accumulation of

* The history of this and the succeeding case was taken from the notes of Dr. E. E. Montgomery, resident physician in charge.

gas in the intestines. No tumor could be discovered by palpation in any part of the abdomen, and the size of the liver appeared diminished, although the distention of the belly rendered a satisfactory examination impossible. The superficial abdominal veins, especially those on the left side, were very much swollen.

There was no cardiac lesion, the pulse was small and beat 102 times per minute, the respiratory movements were not accelerated, and there was no elevation of the temperature. His urine was clear, high colored, alkaline in reaction, had a specific gravity of 1018, and contained neither albumen nor tube casts; the quantity passed in twenty-four hours amounted to about 500 c. c. The left leg was dark red in color, felt hot to the hand, and was œdematous from the foot up; there was also extreme tenderness on pressure, and the whole limb contrasted markedly with the right, which was pale, thin, and cold. Appropriate treatment was adopted at once, but he steadily sank, and died on October 2d, 1874.

At the autopsy, which was made seven hours after death, 160 ounces of clear, straw-colored liquid were removed from the peritoneal cavity. On opening the abdomen the intestines were observed to be greatly distended with gas, and the liver was firmly adherent to the under part of the diaphragm; both surfaces of the organ were hob-nailed, and in addition were thickly studded with masses of whitish material; these masses, which were depressed in the centre, varied from one quarter to one inch in diameter, and were composed of cancerous tissue. In spite of the presence of these deposits, the liver was contracted, and weighed a little less than three pounds. The pancreas and posterior wall of the stomach were also cancerous, and formed a mass five inches long and three inches thick, which was attached by bands of connective tissue to the colon and spleen; the mesenteric glands were enlarged, and a number of small, hard nodules, probably cancerous, in nature, were scattered through the omentum. There was no obstruction of the pyloric orifice of the stomach. The portal vein and the ascending vena cava were free from lesion, but the left external iliac vein and artery were closely adherent, and the vein was completely plugged by a firm clot, which extended for a long distance and felt like a solid rod. The kidneys were somewhat smaller than natural, though otherwise unaltered. Upon examining the chest, the lungs were found to be adherent to the diaphragm and to the thoracic walls, the pulmonary tissue was firm and had a uniform purplish black hue, which was very striking and extended throughout the substance of the organs. There was some cheesy deposit at the left apex, and the lungs were very heavy, weighing together 79 ounces. The heart was healthy with the exception of slight hypertrophy of the left ventricle.

The *diagnosis* of ascites necessitates the investigation of two points; first, the nature of the abdominal enlargement, and second, the cause of the portal obstruction upon which the dropsy depends, when the enlargement is found to be due to this condition.

Enlargement of the abdomen may be produced by a collection of flatus in the intestines, by a solid tumor, and by an accumulation of fluid, either contained in a cyst or floating free in the peritoneal cavity. When due to the first cause, the degree of distention varies greatly at different times, there is no sense of fluctuation on palpation, and there is over the whole abdomen tympanitic percussion resonance. If occasioned by a tumor, the enlargement is usually unsymmetrical, or at least the history points to the fact that the swelling was first noticed on one side or the other; the shape of the mass can often be detected by palpation, and the percussion dulness is unaffected by changes of position. The existence of a cyst may be presumed when a local prominence has preceded the general enlargement, when the latter is unsymmetrical, when the line of dulness on percussion is not altered by variations in the position of the body, and yet there is distinct fluctuation on palpation, although this is usually to be detected only in certain parts of the abdomen, instead of being directly transmitted from one side of the abdomen to the other. If the enlargement is due to ascites it begins in the lower part of the abdomen and gradually extends upward, it is perfectly symmetrical, the line of dulness is readily influenced by alterations in position, and the fluctuation is diametrical and is usually easily elicited. Ascites is also attended by several symptoms which are of service in establishing the diagnosis, but, as the majority of these do not appear until the affection is well developed, they are of much less importance than the physical signs just mentioned; they depend upon the effusion, and are well marked or the reverse, according to its amount. Thus, as the dropsy increases discomfort is caused both by the stretching of the abdominal walls and by the weight of the accumulated fluid; at the same time the cavity of the thorax being encroached upon, and the stomach, liver and kidneys subjected to pressure, difficulty of breathing, impaired digestion, and a scanty secretion of urine, and occasionally albuminuria, are produced, as seen in the first case here recorded. Compression, too, of the external iliac veins causes œdema of the legs, and as there is generally more or less loss of flesh, the association of an emaciated chest and thin arms, with an enlarged abdomen and œdematous lower extremities, forms a highly distinctive group of characters. The pulse is usually small and may be frequent; there is no pain, no evidence of local inflammation, and no febrile reaction. With such a collection of symptoms and physical signs there can be little difficulty in distinguishing ascites from enlargement of the abdomen produced under other conditions.

The cause of the obstruction of the portal circulation is, in the great majority of instances, cirrhosis of the liver. The occurrence of this lesion is usually preceded for a variable time by

dyspeptic symptoms; the tongue is coated, the appetite capricious, there is flatulent distention and oppression at the epigastrium after eating, with eructation of gas and occasional vomiting of small quantities of partly digested food, and constipation of the bowels. These symptoms depend upon imperfect action of the liver, associated with congestion of the mucous membrane of the stomach, and after they have persisted some time, we find enlargement of the spleen, and also some enlargement of the liver, taking place. This latter lasts for a short time only, being soon succeeded by contraction, with increasing diminution in the area of percussion dulness. There is usually little or no pain or tenderness in the hepatic region, no marked jaundice, and the dyspeptic symptoms continue, but little influenced by treatment throughout the course of the disease. Among the less frequent symptoms of cirrhosis are vomiting of blood and discharges of blood by stool, as occurred in the first case. It is extremely important to bear in mind this connection, as in some cases I have known hemorrhage to be marked while the more usual symptoms of cirrhosis were wanting, so that the nature of the case was misunderstood. It must not be supposed that cirrhosis is always produced by a long continued course of spirit drinking,as its synonyms *gin liver* and *drunkard's liver* would imply, for it may originate, as in the case of the first patient, in a person of perfectly temperate habits, whose health has been broken down by hardship or overwork, and I have met with it even in young children.

In rare cases, the obstruction of the portal circulation is due to the formation of a clot of blood, or thrombus, plugging up the main trunk of the portal vein. In other cases, it depends upon the pressure of a solid tumor, usually of cancerous nature, upon that vessel in the fissure of the liver. But as a rule, in cancer of the liver a very different train of symptoms attend from those which we have studied in cirrhosis. Thus the liver becomes permanently enlarged, with irregular, nodulated surfaces. There is pain and tenderness on pressure over the liver. There is usually jaundice from obstruction of branches of the bile ducts, but ascites is comparatively rare. The patient emaciates more rapidly, and may present a cancerous hue. The second case I have reported here is thus very interesting, because it presents a combination of cirrhosis and cancer, with the development of the usual symptoms of cirrhosis, while the characteristic symptoms of cancer were entirely absent. The imperfect history obtained, and the brief time the patient was under observation, with the inability to carefully examine the abdomen, on account of its distention, caused us to overlook the implication of the stomach and pancreas. Another feature of great interest is the occurrence of thrombosis in the left femoral and iliac vein. This is one of the forms of phlegmasia alba dolens. It is much more frequent in the left leg than in the right, probably on account of the anatomical fact that the left iliac artery crosses directly over the vein. Here these were closely adherent, and this must have favored the occurrence of clotting of the blood.

In *treating* ascites, there are two indications to be fulfilled: first, to relieve the symptoms which depend upon the existence of the dropsy by removing the effused liquid, and secondly, to remove the cause upon which the dropsy depends. The first indication may be carried out by the employment of diuretics and hydragogue cathartics; the latter of these are the most useful in ascites, because the fluid they remove is drawn directly from the congested radicles of the portal vein; but still they fail in many instances, and we are obliged to resort to paracentesis. This operation has its advantages and disadvantages; a great point in its favor is that all the symptoms due to pressure are at once relieved, and time and opportunity are afforded for the employment of other remedies, such as tonics, diuretics, etc., which tend to improve the general health and prevent the reaccumulation of fluid; on the other hand, if a large quantity of liquid is withdrawn, the external pressure is removed from the veins and a rapid transudation of the serum of the blood is apt to occur; this, of course, amounts to a "white bleeding," and if frequently repeated is very debilitating; on this account, therefore, paracentesis should not be performed until all other treatment has been unsuccessful. When operative interference becomes necessary, however, a point must be selected for the introduction of the trocar where the physical signs indicate the existence of fluid, and where there are no large veins, a favorite position being in the median line below the umbilicus. The urinary bladder should be evacuated just before the operation. A broad, many-tailed bandage should be applied evenly and moderately firmly to the abdomen, a piece of ice held in contact with the skin, so as to deaden its sensibility, and a short incision made, in order to facilitate the introduction of the trocar, which may be moderately large. It should be introduced with a quick thrust and with a slightly rotatory motion; the distance to which the trocar is to penetrate being marked by the position of the index finger on the canula. After all the fluid has drained away a compress should be placed over the wound made by the trocar, and the bandage so adjusted as to give support to the relaxed tissues. During the operation, stimulants should be at hand, lest the patient should feel faint from rapid withdrawal of the fluid.

The second indication raises the important question of the possibility of curing cirrhosis of the liver, which consists in a subacute inflammation of the interstitial connective tissue of that organ. If this condition is recognized during the stage of hepatic enlargement and congestion, I believe that benefit may be expected from the employment of mercury and iodide of potassium, from the use of mineral waters, such as those of the Carlsbad, the Bedford, Saratoga, and some of the Virginia springs, and the use of a carefully regulated diet. But

if, as too often happens, the liver has become contracted and hob-nailed before the patient comes under observation, no permanent improvement can be hoped for from any plan of treatment, and our efforts must be limited to checking the increase of ascites, and to improving digestion and nutrition, and to resorting to paracentesis whenever the accumulation of fluid has become so great as to seriously interfere with respiration.

Note. On Sept. 23d, the patient. Ann S., was again tapped, and twenty pints of fluid was withdrawn. After the operation she was ordered to remain quietly in bed and to take two ounces of infusion of scoparius every two hours, with plenty of good food; under this treatment she gained strength, but the liquid soon began to reaccumulate in the peritoneal cavity, and on Sept. 30th all medicinal treatment was suspended, and she was placed upon a strict milk diet. Her general condition improved rapidly under this plan of management, and on Oct. 10th she was able to leave the hospital to attend to some business; the dropsy, however, steadily increased, and at present, Oct. 27th, the amount of effusion is greater than ever.

Editorial Department.

Periscope.

Therapeutic Use of Calabar Bean in Tic Douloureux.

Dr. W. Munro writes to the *British Medical Journal:* Believing that in *tic douloureux* the blood-vessels of the part affected are in a state of contraction, I have made use of the bean in several cases with exceedingly satisfactory results. Very short notes of the cases are appended. I may say here that Cupar is a rather low lying place, in which tic douloureux of an intermittent form, which disappears on the person leaving the town, even for a time, is not uncommon. Fever and ague in those who have had it abroad is apt to return. There is, in fact, a slight malarious influence evidently present in the atmosphere.

Case 1. October 16th, Mrs. D. had tic douloureux on the left side of the head. I applied one of Streatfield's ophthalmic squares to the eye. In about five minutes she expressed herself as decidedly relieved. This was not a very severe case, which may account for only one square being sufficient.

Case 2. November 6th, Mrs. X. had severe tic douloureux, with intense photophobia, brought on by reflex irritation after several days' severe uterine pain, which had now passed away. I used one square, in the right eye. In ten minutes she was able to open her eyes and converse cheerfully. In half an hour I used another, relieving the pain entirely, only leaving a "slightly bruised feeling," which was almost entirely removed by another half. The pain did not return, and no more Calabar bean was required. The pupil was never contracted.

Case 3. Miss J. K. had severe intermittent tic douloureux, with anæmia. At present it was almost remittent. She had very severe pain all over the left side of the head, and some on the right side. The pain was intense over the left eyebrow. The pupils were much dilated. She was first seen on December 10th, at 11.15 A. M., between which time and 4.30 P. M., three squares and a half were used (from half to two at a time) in each eye. At 6.45 P. M., she had no pain. At 8.30 P. M., I found she had had a very slight short pain about 7 P. M. Both pupils were still dilated. December 11th, pain returned at 3 A. M., and continued almost constantly until 1.30 P. M., when I used two drops of a solution of extract of Calabar bean (1 in 40) in the right eye (that being the side most affected). In fifteen minutes, the pain was much relieved. At 3 P. M., I found her asleep, but on awaking she felt slight pain on both sides of the head. I used two drops in the left eye and one in the right. In ten minutes the pain was quite gone. At 9 P. M. she was sitting up, and felt quite well. From this time until December 26th, when I ceased attending, she could at any time stop the pain at once with the drops, which I found it convenient, however, to make of the strength of 1 in 32 afterwards. I treated her at the same time (from the 13th) with quinine and carbonate of iron, with decided benefit. I used the thermometer frequently in the armpit in this case, but observed no decided change of temperature attributable to the use of Calabar bean.

Case 4. Miss T., had long standing tic douloureux, yielding to no treatment. It was only relieved by leaving Cupar for a time, and came back on her return. The pupils were generally much dilated, especially during an attack. I thought of using croton-chloral-hydrate in this case, but preferred the Calabar bean as being only local in action, as I think local remedies are always to be preferred for local diseases, when there is a choice. December 31st. When called, I found her suffering from intense pain over the eyebrows, mostly on the left side. I used two drops of a solution of 1 in 30 (partly lost) in the left eye, and one in the right. In about ten minutes, she said the pain was not quite so severe. I then used one drop more in each eye, with the effect of relieving still more, according to the patient's statement, the localized pain; but on my return half an hour or so

afterwards, I found her suffering from severe pain in the left eye, the pupils being contracted. The patient, being very reticent, had not mentioned to me that tic douloureux could be set up in the eye by even a drop of water getting into it, and even now said nothing to let me understand that the pain was that of tic douloureux (which unfortunately she was too well able to distinguish from other pains). Seeing the rather strong contraction of the pupils, I used at once one-third of an atropine square to counteract the effect of the Calabar bean, thinking the pain was caused by the contraction. The atropine acted only too well, evidently being assisted in its action by the tic douloureux, and the pain *immediately became more severe.* The dimness of vision common after the use of atropine remained in the case for three or four days, and frightened her, she being rather hysterical, so that she refused to submit to further treatment.

Thus, in this case, the only one which has not been perfectly satisfactory in its results, although the patient was not really benefited by the use of the Calabar bean, the pain was, in the first place, according to her own statement, removed from its primary seat; and, even although set up in the eye by the cold drops, it was evidently kept in check by the action of the bean, until the latter was counteracted by that of the atropine. In such a case, outward application of the tincture (which I suggested, but the patient would not use it) or the use of strong Calabar bean, or physostigmatin squares, would be advisable.

On Lithotomy.

Mr. Ewart, in the *Lancet*, describes Prof. Dolbeau's operation for lithotomy. The instruments used are few: a scalpel, a screw dilator, a crushing forceps, and various-sized seizing forceps. The essential feature in the screw dilator is that the blades keep parallel in every stage of their expansion, forming together a cylindrical body, the diameter of which varies with the action of the screw. At rest, the six smooth blades or columns are in apposition, and run up to a common point. They conceal two balls capable of moving up and down along a central stem, and of separating the columns more or less without causing them to diverge. The expanding portion of the instrument measures eight centimetres in length, 1.2 c. in its smallest diameter, and 2 c. in its largest; the limit of distensibility of the neck corresponding to a diameter of 2.4 c., according to Prof. Dolbeau's experiments. The forceps are intended to break, not to crush, the stone, and for that reason are called "casse-pierre." They possess great power, and their ingenious construction enables them to be opened, after their insertion through the wound, without any divergence of their limbs taking place in the thickness of the perineum. A good description of these two instruments is to be found in Prof. Dolbeau's book, "La Lithotritie Périnéale."

The patient is placed in the usual lithotomy position. The lower limbs are entrusted to two assistants; a third (whose office is responsible), taking charge of the strongly bent and deeply grooved staff; his duty is to keep it strictly in the middle line, to make its curve project in the perineum, and later to resist the pressure of the point of the dilator. The incision, two centimetres in length, is made with the blade upward, and begins immediately in front of the anus, at the brown zone marking the passage of skin into mucous membrane. A deeper incision opens up the perineal fascia, through which the knife, guided by the left index finger, is thrust into the membranous portion of the urethra. The work of dilatation now begins, and upon the amount of care with which it is accomplished depends in a great measure the success of the operation. Four successive dilatations are employed by Professor Dolbeau. The first stretches the external aperture and the subcutaneous tissues. The instrument is next closed, and passed up to the groove of the staff and firmly pressed against it whilst the expanding screw is being turned, a proceeding that causes the whole of the membranous portion to slit up along the line of incision. The instrument can now be pushed one step further along the staff, which the assistant slightly depresses. As soon as the membranous region has sufficiently yielded to this third dilatation, the dilator is closed and pushed onward into the neck of the bladder, the staff is withdrawn and the screw cautiously turned until expansion is complete. The passage thus formed is of uniform calibre, and has smooth walls. This can be felt by the finger in the dead subject. In the living, Prof. Dolbeau deprecates the use of digital examination. The stone is now within easy reach, and if very small will be removed by the light forceps used in making the first exploration after removal of the dilator; generally, however, it has to be broken up by the cassepierre. This is introduced without any great difficulty, and, thanks to the broad blunt beak in which it terminates, it obtains an easy grip, even of the harder and smoother concretions. Large stones cannot be clasped, but will usually yield to the repeated bites of the instrument. The fragmentation of the stone is often very great; and to extract everything, even with the help of injections, is a task requiring much patience. Before the patient is released from the lithotomy posture, a catheter is always introduced through the natural channel, to obtain a crucial proof of the bladder having been cleared.

The after treatment is simple; the obvious indications are rest and apposition of the thighs, with partial flexion of the thighs and legs. A sponge placed in front of the small perineal slit generally suffices to collect the discharge. The urine is drawn twice a day. It ceases to drop through the wound after a very few hours, and the opposite condition of retention from spasm of the neck is not uncommon. In the majority of cases twelve to sixteen days suffice to close the wound perfectly. In a few, union has taken

place by the first intention. If we look at the tabulated results of the operation, we find nothing very different from the returns of most lithotomists; one death in six cases. But it is contended that in Prof. Dolbeau's practice the subjects were unusually unfavorable. For the first few years after its introduction, perineal lithotrity was only tried where no success was expected of the ordinary means of treatment, and among the deaths that followed many were clearly inevitable.

Ricord on Syphilis.

At a late meeting of the Medical Society of London, M. Victor de Méric, the President, read a paper on "Ricord and his School." Mr. de Méric first pointed out that Hunter and Ricord had done much to dispel the confusion existing before their time, and had, in their turn, fallen into some errors. Founders of schools were not fairly judged when their systems had broken down, and he was afraid that Ricord was now under-estimated, as he had been forced to modify the doctrines he so long and so skillfully defended. Mr. de Méric would endeavor to sketch his labors, and, in fact, the ups and downs of Ricord's school. First, we owe to Ricord's inoculations the proof positive of the difference between gonorrhœa and syphilis, Bell having paved the way. By the same inoculations, carried on through several years and on a large scale, he put upon a reliable basis the virulent nature of chancre as a type, always limiting the inoculations to the patients themselves. Later experimenters had been bolder, and inoculated healthy individuals. In this way they succeeded in showing that some of Ricord's conclusions were incorrect. He, however, clearly separated the simple from the infecting sore, and steadfastly advocated, in the face of much opposition, the use of mercury in actual syphilis. Ricord was a staunch unitist, and though dualism is now, even by him, adopted, unitists have some reason to be obstinate in their creed. He showed by experiments certain peculiarities in the soft chancre, and the manner in which the lymph-glands of the groins are affected in each variety of sore. Ricord very justly rejects, save in hereditary syphilis, the supposition that the disease may enter the frame without primary lesion. He battled against incubation in its wider sense, and conceived, not altogether wrongly, that the action of the poison remains localized for a time, and advised early destruction of the sore. Ricord had thought that all sores sprang from one root, and, though wrong in this respect, laid down valuable rules of treatment. Secondary symptoms were now, by his adversaries, proved to be contagious, and a great concession was made by Ricord; but still it remains true that the manifestations of general syphilis are less contagious than the primary. Mr. de Méric then alluded to Mr. Morgan's and Mr. Lee's notion about the contaminating power of the vaginal secretions of syphilitic women, which power he could not allow. Ricord has done excellent service in showing the great efficacy of iodide of potassium in tertiary symptoms; and, unaided by the laryngoscope or ophthalmoscope, he had described most of the syphilitic affections of the eye and the air-passages. When facts combated his theories he yielded.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two new medical journals have made their appearance in Italy: one, "La Rivista Calabrese di Medicina, Chirurgia, e Pharmacia," edited by Dr. Placido, of Reggio; the other, "La Sferza," a popular journal of hygiene and education, edited by Drs. Temistocle and Ulisse Santopadre.

——"Electricity as a Restorative Agent in Narcosis and Asphyxia," a reprint from the Virginia *Medical Monthly*, by Dr. John J. Caldwell, contains some valuable suggestions and illustrative cases.

——Dr. Louis A. Duhring, of this city, favorably known from his attention to skin diseases, has lately published two articles, one on "Painful Neuroma of the Skin," the other, on "Exsection of the Brachial Plexus," for the same affection. Reprints can be had of the author.

——Dr. M. H. Henry, of New York, has had republished from the American *Journal of Syphilography*, several clinical contributions on syphilitic affections (Paper, pp. 16. F. W. Christern, 77 University Place, N. Y).

——A reprint from the *Psychological and Medico-Legal Journal*, on "Certain Nervous Affections of the Throat," by Dr. Clinton Wagner, treats of paralysis of the chords, laryngeal neuralgia, and nervous sore throat.

——"The Drift of Medical Philosophy," is the title of a pamphlet of seventy pages, published by J. B. Lippincott & Co, of this city. The author is Dr. D. A. Gorton, a homœopathic physician of Brooklyn, whose work on *Mental*

Hygiene we noticed unfavorably last year. The present essay does not seem to us any better.

——Benjamin Paul Blood sends us a pamphlet entitled "The Anæsthetic Revelation and the Gist of Philosophy." What this work refers to will be sun-clear from the following extract:—"By the Anæsthetic Revelation I mean a certain survived condition, or uncondition, in which is the satisfaction of philosophy by an appreciation of the genius of being, which appreciation cannot be brought out of that condition into the normal sanity of sense!" Probably, therefore, Mr. Blood's most appreciative readers will be found in insane asylums.

——Report of the Board of Directors and Medical Superintendent of the Lunatic Asylum of the State of Texas, 1874.

BOOK NOTICES.

Clinical Lectures on Diseases of the Urinary Organs, at University College Hospital, by Sir Henry Thompson, etc. Second American, from the third and revised English edition. With illustrations. Philadelphia: H. C. Lea, 1874. 1 vol., cloth, 8vo, pp. 195.

Sir Henry Thompson's widely known reputation in the specialty of which these lectures treat, renders his work one which will be eagerly received by the profession. The present edition is revised and enlarged by the addition of two lectures. As now published, the subjects treated of are stricture of the urethra, hypertrophy of the prostate, retention and extravasation of urine, urinary fistulæ, stone, with lithotomy and lithotrity, the preventive treatment for stone, cystitis, prostatitis, nervous diseases of the bladder, hæmaturia, and renal calculus.

Stone, which occupies so much of the author's attention, is a complaint which we have a right to believe can be wholly avoided by hygienic rules; and it is gratifying to see that Sir Henry Thompson inclines to this view. In his very admirable lecture on the subject of prevention he recommends a certain system of diet and regimen, and the occasional employment of some specified mineral waters, as sure to diminish greatly a tendency to calculous deposits. He strikes from the diet list (or reduces to a minimum) alcohol, saccharine and fatty matters. Of the mineral waters Carlsbad, and Friederichshalle are his favorites; these are saline, laxative, and *not* alkaline. Both these waters are easily obtained in this country, and no doubt there are native sources quite as efficacious, could one only find anything like truthful reports from our numerous mineral springs.

Transactions of the Medical Society of New Jersey, 1874. Newark, N. J., pp. 270.

The scientific matters contained in this volume embrace an essay on the obstetrical forceps, by Dr. J. V. Schenck, one on affections of the eye from small-pox, by Dr. Chas. J. Kipp, and the reports of the district societies. The latter are unusually full and interesting. In order to secure this result, the Society adopted the plan of requesting the reporters of local societies to take the sense of their associates on some definite questions. This is an excellent method, and merits imitation.

In this instance the questions were upon the use of chloral hydrate, on hypodermic medication, and thirdly, whether the prescriptions of physicians, as a general thing, tend to make drunkards. As this last inquiry is one which has been from time to time mooted in the columns of the REPORTER, we will give the conclusion reached, in the words of the Committee (p. 92). "It is sufficient to say that the inquiry has been uniformly met by a universal and emphatic No. Not one has noticed a single instance of intemperance as caused, so far as known, by a physician's prescription." This confirms the position which the REPORTER has always taken editorially, against the unwarrantable charges of temperance fanatics.

No severe epidemic visited the State in 1873. In matters of treatment we observe no novelties reported. Chloral is recommended in whooping cough, the bi-sulphite of soda in diphtheria, and cincho-quinine has several good words said for it from malarial districts.

A number of well-written cases are given in the district reports. One of poisoning from eating the leaves and berries of the deadly nightshade, given by Dr. Abel, illustrates the antagonism between belladonna and opium. Dr. J. B. Mattison reports a very instructive instance of the advantageous use of deep chloroform injections in intense neuralgias, a procedure first recommended by Bartholow, of Cincinnati, and deserving of general adoption in such diseases.

The volume, in fact, is throughout meritorious, and a really valuable addition to the medical literature of the year.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 5, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ NOTICE. 1875.

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115 South Seventh Street,

PHILADELPHIA, PA.

THE PATENTING OF MEDICAL COMPOUNDS.

A few weeks ago (REPORTER, October 31st) we called attention to the effort made by Dr. R. St. G. DRYENFURTH, the chemical examiner of the Patent Office, to abate the patenting of alleged therapeutical nostrums by vendors. As this question is one in which the profession and the public are equally interested, we take advantage of an opportunity which has been presented us of laying Dr. DRYENFURTH's arguments more in detail before the reading public.

It will be perceived that the position he assumes is one thoroughly consonant with the real interests of the non-medical portion of the community, and also that which the circumstances of the case point out as the one which all practitioners should defend, for their own and their patient's sake. The incisive language which is used by the Chemical Examiner, places the discussion so lucidly before the mind that we cannot do better than to quote it literally.

"But beyond mere questions of novelty, I wish to call attention to the following reasons why protection should not be given to so-called inventions of this and a kindred nature. Such patents have, it is true, been granted, but it is not too late to stop.

"1. (Having reference to this particular case, and others where mixtures are called compounds). Each one of a number of ingredients being used alone to attain the result which it is said a mixture of all will produce; or even separate ingredients being put into mixture to perform separate functions, or meet separate indications within the human body, a mere mechanical assemblage of such ingredients, there being no chemical union, is not a novel and patentable compound.

"2. There is no invention in mixing a number of drugs, all of which have been used alone to produce the result wrought.

"It may be claimed that invention is unnecessary in a composition of matter; that the spirit of the law does not require it; that inasmuch as

Section 24 provides that any person who has invented or discovered any new and useful art, machine, manufacture or composition of matter, may, under certain conditions, obtain a patent therefor the term discovery applies to compositions, invention to the rest. Yet, even if this be the case, and while the difference between invention and discovery may be that, under the former a new thing is created, under the latter something already existing is found, which produces novel and unexpected effects in a line not analogous to anything to which the thing has been applied before (even if this be the case, I say), applicant has done nothing to entitle him to a patent, for he has not even made a discovery. His ingredients but perform their well known functions. Generally, however, the term 'discovered' has no force, except when its meaning is synonomous with that of invented.

"3d. To write a prescription is again not invention, nor yet a patentable discovery, but rather a matter of skill. The tyro in medicine is taught the effects of the various remedies, and is told that he may mix or combine certain of them. He is taught, furthermore, how, under the various complications of disease, a number of drugs may be simultaneously indicated and administered. A complication, or even a single symptom arising where the skill of the physician would point out to him that a number of drugs were necessary, his prescribing these, mixing them in any required proportion, and exhibiting them, would be ascribable to such skill, but would not be invention.

"4th. The granting of patents upon the various prescriptions is pernicious, first, because the same nostrum cannot be taken with benefit by all persons, even for the same disease, *i. e.*, the one disease (they are usually sold to cure a score, the absurdity of which ought to be apparent to every one), difference in diathesis requiring different remedies; such patents thus generally inure to the benefit of one (the patentee), and the misery of many; and, secondly, for the following reasons: A certain mixture of well-known drugs being indicated, the already existing knowledge (his schooling) of the physician of such fact, should not be trammeled by the further fact that some enterprising individual has already taken to himself a monopoly (that is a grant which restrains others from the exercise of a right or privilege which they had before the grant was made) of just this mixture, in contravention of public policy and the welfare of man.

"5th. And, finally, if this or any other prescription be an invention, then the thousands of physicians throughout the world must make thousands of patentable inventions every day, an invention being thus, in fact, unfolded to mankind every time an original prescription is written by a competent hand."

With this *reductio ad absurdum* the argument certainly rests with the Examiner, and it is to be hoped that he will receive from the profession the moral support which the interests of the case demand.

Notes and Comments.

Engraving of the late Dr. S. W. Butler.

A steel engraving of the late Dr. S. W. Butler, the former proprietor of this journal, and the founder of it as a hebdomadal, has been prepared for his family.

A limited number of copies will be furnished those who may desire them, on receipt of fifty cents, to cover cost of printing, wrapping, and postage.

Agencies Discontinued.

The agency of Dr. Bernacki, in New York city, for the Reporter, and that of Mr. Craig, successor to Mr. Hatch, for the Half-Yearly Compendium, have been *discontinued*. All business relating to subscriptions or advertisements for either journal, should be addressed direct to this office.

An Important Publication.

All scientific men will be interested in the announcement that the Smithsonian Institute has in view the publication of a series of tables of "Constants of Nature," such as the atomic

weight of bodies, specific gravity, expansion, elasticity, specific and latent heat, conducting power, melting and boiling point, weight of different gases, liquids, and solids, crystalline form, strength of different materials, index of refraction and dispersion, polarizing angle, velocity of sound, of projectiles, of winds, of electricity, of light, of flight of birds, speed of animals, etc.

The value of such a work in aiding researches in exact science cannot be overrated.

Ancient Human Remains.

The discovery of a human fibula in the remains of the Victoria cave, near Settle, in Yorkshire, is justly considered as a very important scientific fact, as there seems to be no doubt of its human origin, or that it is of the same age as the molars of *Elephas antiquus*, and the bones of the hyena, with which it is associated.

Similar discoveries might be looked for in the caves of Kentucky and Tennessee; but hitherto the remains there found, the so-called "mummies," cannot claim any very remote antiquity; a few hundred years before the discovery of the country, at most.

Extracts on Eggs.

M. Onimus, in a recent communication to the Société de Biologie, of Paris, states that by electrifying the eggs of the frog, the development of those which are in connection with the negative pole will be accelerated, whilst the hatching of those in connection with the positive pole will be either retarded or stopped.

The same investigator finds that the interposition of a layer of some albuminoid substance, as the white of an egg, between two liquids, often gives rise to electro-chemical phenomena. If into a U-shaped tube some albumen be poured, and if into one side a solution of sulphate of copper be placed, and into the other side a solution of oxalate of potash, after a while blue crystals of double oxalate of copper and potash will be formed. Again, when phosphate of soda is placed in one side, and chloride of lime in the other, phosphate of lime will be obtained in the side in which the phosphate of soda was placed.

A correspondent of the *Druggist* says: After thirty years' experience with hens, it has been and is now my practice to select eggs for setting. A number of experiments have proved to me that sexes in eggs may be determined by the three following rules, which I always observe: 1st. If an egg is full, or has no cavity in the large end, I never use it for setting, as it will not hatch. 2d. If I want to raise chickens for market, I select all the eggs that have the cavity on or near the end: these are what we call roosters. 3d. If I want hens for breeding. I take the eggs where the cavity is on one side or clear from the end, and I seldom fail to get the kind of chickens I want; but I admit there are some that have the cavity so placed that it is difficult to decide of which sex they are.

Correspondence.

Letter from Vienna.

Vienna, Austria, Oct. 18th, 1874.

Ed. Med. and Surg. Reporter:—

I left Heidelberg October 13th, by way of Stuttgard, stopping in that city to visit its distinguished eye surgeon, Dr. Berlin, whom I met at the "Congress," thence to Munich and Vienna, which city at the present time has 3615 students, in all its departments, and 227 professors. It is stated to be the largest German University. Heidelberg, has 884 students, and 104 professors, and many of the students are foreign. Professor Becker is the chief ophthalmic surgeon, and lectures to students of medicine; he has a pleasing manner and a fine voice, and has a most extensive private practice. Dr. Bendell, of Albany, U. S., has been so fortunate as to be selected as one of his assistants.

There is a student's course on the Ear, by Professor S. Moos, who is a distinguished writer and teacher, and one of the editors of the "Archives of Ophthalmology and Otology," which is published simultaneously in English and German, in Heidelberg and New York; he is also author of a Hand Book of Diseases of the Ear, and has recently published a Monograph on the Normal and Pathological Anatomy and Physiology of the Eustachian Tube, with eighteen lithographic plates.

October 17th. This afternoon I listened to the first lecture in Vienna, by Prof. Kaposi, on Diseases of the Skin, and was much pleased with his style and the matter of his lecture; he is a son-in-law of Hebra; after him followed Prof. Sigmund on Syphilis. I met Dr. Sattler. Prof. Arlt's assistant, who gave me a hearty welcome. The courses here are just what the advanced physician wants. Each lecture is an hour, and the course lasts six weeks, and a few the whole semester. My Roster is as follows:—From 8 to 9 A.M., Ophthalmology, Diagnosis, by Dr. Burgmeister; cost 10 fl.; eight to ten weeks. From 9 to 10 A.M., Ophthalmology, Accommodation and Refraction, by Dr. Sattler; cost 10 fl.; five to six weeks. From 10 to 11 A.M., Otology, by Professor Gruber; cost 15 fl.; six weeks. From 11 to 12 A.M., Ophthalmology, Clinical Lectures, by Prof. Arlt; cost 10 fl.;

winter semester. From 2 to 3 P.M., Pathology and Therapeutics, by Dr. Schnabel; cost 15 fl.; six to eight weeks. From 3 to 4 P.M., Skin Diseases and Syphilis, by Dr. Kaposi; cost 10 fl.; eight weeks. From 4 to 5 P.M., Ophthalmology, Operative Course, by Dr. Klein; cost 10 fl.; nearly forty dollars in all. Living costs about the same as in New York or Philadelphia, say ten to twelve dollars per week.

There is an unusual number of Americans and English here this Winter, and in every class, be it large or small, you will be sure to hear English spoken. I note this particularly, for no one (but those who have had the experience) knows what a relief it is to hear but a few words of your "mother tongue" after an hour's close attention to a lecture in a strange language.

The winter semester of the Medical Department of the "K. K. University of Vienna," which is situated in the General Hospital, began October 12th, 1874, and on the succeeding days up to the 19th, the various special courses commenced as the students put in an appearance and filled up the classes. The courses are numerous, as I have already stated, and varied, and the attendance, as is usual, very large.

Some of the lectures by the regular professors continue throughout the entire semester, but most of the teaching is in courses of from six to eight weeks duration, so that the number and variety of lectures given by the professors and "private docenten" are almost unequaled, and the devoted student feels sure of reaping an abundant harvest. For instance, take whatever specialty you may prefer, and you can choose from ten to twelve teachers of its different branches, and devote six to eight hours out of each day, and then feel sorry that your day is not longer.

Prof. Billroth began his (semester) course on the 12th, and after an introductory, in which he gave the usual advice and admonition to his class, he proposed to give two didactic lectures each week, and these were to be followed by an hour in the wards of the vast hospital. Then two more hours three times a week in the clinic, where all the surgical operations are performed, and the out-door patients (ambulatorium) attended to in this way; viz. as a case presented itself, the students in regular order are called into the amphitheatre, where they make the diagnosis and subsequently have charge of the case, so that they can follow it out. The lectures are always profusely illustrated by specimens and drawings from nature.

Prof. Billroth, at the Surgical Clinic, removed two sarcomata of the inferior maxilla; these he gouged out with a sharp scoop, and to the fresh surface applied styptic cotton, and a third case was of recurrent sarcoma at the angle of the inferior maxilla. This had been removed, as in the above cases, five years ago, but having made its appearance again he resected the entire half of the lower jaw, and at last accounts all the cases were doing well.

For the cure of nævus, which he calls "angioma plexiformis," he recommends the passage of silk sutures, saturated with a solution of liquor ferri per sulphatis, through its substance and the tying of them in sections, but not tight enough to strangulate the parts.

After all operations, such as amputations, for necrosis, etc., he recommends and uses drainage tubes of pure rubber, and in one case which presented itself at the clinic a man had been suffering from periostitis and necrosis of the lower third of the femur brought on by cold and exposure. He had been directed by his doctor to put a drainage tube into the sinus, and as the first one he inserted disappeared, he (thinking it had been lost) put in another, and another, for similar reasons. When he presented himself it was discovered that all these foreign bodies had remained in the limb without producing any marked symptoms of irritation, for the house surgeon in probing the wound discovered and removed three pieces of the tube, and in the Clinic Prof. Billroth removed eight more, making eleven in all.

I have here one serious objection to offer against the uncomfortable seats throughout the department, and in the surgical clinic the arrangements are such that but few of those present can see what is going on below them.

Prof. Hebra lectures for two hours five times a week. The first half of the time is spent in the wards, where, sitting surrounded by his pupils, the cases stand facing him in a line, with but one light wrapper to cover them, and as each patient's name is called the garment is dropped and the student has a living picture before him, so that from day to day he can follow the course of the disease and note its changes.

Prof. Sigmund still displays first his female, and then his male, nude statues, where the class, seated around him in the ward, can study the ravages of lues from the "primary sore" to the "tertiary gummata." His lectures are eminently practical, and interspersed with latin quotations, of which he seems to be very fond. I cannot help but remark his kind and sympathetic manner toward his unfortunate patients.

Prof. Zeissl's lectures on Syphilis are also excellent; but, unfortunately, both men lecture at the same hour in their respective wards. This plan is adopted of a necessity, on account of the large number of students attending.

Prof. Stricker lectures on General Pathology (semester course), in the handsome Pathological Institute adjoining the Hospital. He handles his subject with the greatest ease, is slow and precise, and in his language is most choice, engaging the entire attention of his large class.

Professors Carl Braun and Joseph Späth give semester courses on Obstetrics, and as each student takes out his ticket and registers his name, he is assigned a night when, in the Hospital, he is given several cases of confinement. Their assistants give excellent courses on Obstetrical Operations upon the Cadaver, which are largely attended.

Prof. Rokistansky, who lectures on Pathological Anatomy, is rather indistinct in his utterance as a lecturer.

The Diseases of Children are taught at St. Ann's Hospital for Children (a short distance from the General Hospital), by Prof. Widerhofer.

Lectures (semester course), didactic as well as clinical, are given by Profs. Bamberger and Duchek, on the Practice of Medicine.

Ophthalmology receives its full share of time and attention, as I have already noticed, and is taught by no less than three regular professors, viz: Arlt, Stellwag V. Carion and Jaeger, each of whom lectures two hours, five times a week (semester courses), on the Theory as well as the Practice of Diseases of the Eye, and by their assistants.

Otology is well represented by the two chairs filled by Profs. Gruber and Politzer, and the subject as taught by these men loses its so called dryness and becomes thoroughly interesting. Dr. Urbanschitsch has charge of the Polyclinic in the city, where he gives a thorough and practical course on Diseases of the Ear. Professor Gruber, I find, uses zinci sulphas, five grains, to glycerine, one ounce, for Eczema Aurium, applied with lint, and no soap or water, greased rags being used to clean the parts.

Laryngoscopy and Rhinoscopy are taught by Prof. Schrötter and Dr. Störk, and for this department there is abundant material. Besides the courses throughout the first five days of the week, there are others given on Saturdays and Sundays, pertaining to special subjects.

It will, perhaps, be of some interest to those who purpose coming abroad to complete their studies, to know that living in Vienna is not so expensive as is usually reported. You all know that you may, if you wish, live expensively everywhere, and all depends upon the individual. Very truly yours,

CHAS. S. TURNBULL, M. D.

NEWS AND MISCELLANY.

Small-Pox Epidemics.

From advices in the public prints it appears that small-pox prevails to a considerable extent in New York city. It caused 106 deaths between Nov. 1 and 16. It is also reported at Quebec and at Bathurst, N. B. We are receiving frequent calls for *vaccine virus*. Our rule is to furnish it *gratuitously*, but we expect those who receive it from us to return us one or more crusts. Otherwise we cannot keep up our supply. We need some *immediately*.

Brown, the Mind-Reader,

Whose achievements we referred to in the last volume of the REPORTER, has had his exhibitions closely and acutely examined by Dr. Geo. M. Beard, of New York city. This observer proves them conclusively to be the result of unconscious muscular action. Brown leaves the room, and a person hides an object. Brown returns, asks the person to place the back of the hand against his (Brown's) occiput, and to think intently, and look fixedly at the spot where the object is concealed. Then Brown walks to it and finds it. Dr. Beard explains that the person exercises an unconscious muscular pressure which directs Brown; and he found by experiment that this is the case.

Prayer vs. Prescriptions.

Prof. Tyndall's proposition to do nothing for a lot of patients but pray for them, is literally carried out by a sect of English fanatics, who call themselves "the peculiar people." When one of them falls sick, the others anoint and pray over him. Several of them have been tried for manslaughter for allowing their children to die without medical aid. They were acquitted on the ground of liberty of conscience. They refuse to vaccinate, on the same plea, and would not even allow surgical assistance in a broken limb. Our English medical contemporaries refrain from inquiring into the death rate of this denomination. Perhaps it is just as well, in view of "business."

An Unfortunate Profession.

A medical paper of Paris thus bewails the lot of doctors:—

"The gratitude of patients is a thing upon which no medical man can place reliance. His meagre honoraria he recovers with extreme difficulty, especially in the provincial towns; and in the country, where the medical profession is scarcely a profession, happy he is when he can get his fees, and still more happy when he does not receive instead a heap of maledictions, which we will not call human. Lastly, he is the most happy of men if, summoned in a criminal case, he can withdraw in safety after having accomplished his duty and fulfilled his mission with dignity and justice."

The Sunday Question.

The recent prize question issued from a society at Geneva, "On the Utility of the Sunday as a Day of Rest for the Working Classes in a Hygienic Point of View," having called forth fifty essays in German, French, and English, amounting altogether to at least 3000 pages of manuscript, the judges announce, in the prospect of the laborious undertaking which lies before them in the perusal of these lucubrations, that many months must pass before they can give their decision.

Natural Antiscorbutics.

General Sherman says that the *agave Americana*, or Spanish bayonet, the fruit of the common prickly pear, and the succulent leaves of some of the varieties of the cactus that abounds on the deserts of Texas, New Mexico, and Arizona, furnish excellent specifics for that horrible disease, the scurvy.

Celluloid.

It is said several companies have formed in this city for the manufacture of different objects from celluloid, the new substitute for ivory. As originally prepared it consisted of a combination of soluble cotton and ether or alcohol, but it was subsequently ascertained that a still more satisfactory result could be obtained by the addition of camphor to the alcohol; and finally camphor alone was mixed with the ground cotton pulp, which hardens in drying and becomes "celluloid." Probably this substance will also find various uses in surgery.

Personal.

—Dr. Leander J. Dallas died recently at Baldwin City, Kansas, after a painful illness of six weeks.

—Dr. Alexander F. Dulin, a distinguished medical practitioner of Baltimore, died in that city on the 25th ult.

—Dr. Asa Hill, formerly editor of the *American Dental Recorder*, died suddenly, of heart disease, at Norwalk, Connecticut, November 24.

—Dr. Earl Cushman, of Orwell, died of pneumonia, November 2d, at the age of 77 years. He was born at Middleboro, Massachusetts, in 1797, and commenced the study of medicine in Orwell, in 1817, with Dr. Joel Barber. He entered upon the practice of medicine and surgery in Orwell, in 1821.

—Dr. Hiram Koon, a well known resident of North Bennington, died on the 16th ult., aged sixty years.

Items.

—An enterprising paper in Binghamton, N. Y., is publishing the biographies of the resident physicians.

—A physician in Scotland recently performed a surgical operation, and in due course sent in his bill. As payment was not made, he sued his patient in the courts, where he lost the action on the ground that a physician not registered as a surgeon cannot recover fees for surgical practice.

QUERIES AND REPLIES.

Vaccine Virus.

Several Inquirers.—See our note on small-pox, elsewhere. We must be supplied by those who have received virus from us, or we cannot furnish applicants.

Mill, on Law.

Critic, Pa.—It is true, as you observe, that Mill distinguished between juridical and natural law. Our editorial (November 21st) does not state he did not; but only criticises his definition of natural law as "uniform sequence."

Ozœna.

Dr. J. W.—You do not inform us either your post-office or State. How then do you expect us to address you by letter? Ozœna depends on such various causes that we are not able to suggest an applicable deodorant. See the chapter on ozœna in Dr. Howe's late work, "*The Breath, and the Diseases which give it a fetid odor.*"

Staufer's Pessaries.

Dr. J. S. K., of Ind.—Yes, we recommend these from personal experience in their use.

OBITUARY.

DR. ALEXANDER WISHART

Died in Martinsburgh, Pa., July 21st, aged 77. For nearly thirty years he had been a worthy member of the M. E. Church, and most of that time occupied an official position. During the whole of his pilgrimage he endeavored to walk in the path of Christian rectitude. Through evil as well as good report he held on his way, and gave many substantial proofs of his attachment to the cause of religion. As the infirmities of age gathered around him he became more and more retired from the association of men. He spent most of his time in the home circle, and it was here, in reading the Scriptures and family devotions, that his Christian graces shone with brightest lustre. His illness was protracted through several weeks, and at times his sufferings were extreme, but his confidence was unshaken in his Redeemer.

MARRIAGES.

CORSON—CARTER.—On November 2d, 1874, at Fort Bridger, Wyoming Territory, Miss Ada Carter, daughter of William A. Carter, Esq., and Dr. Joseph K. Corson, Assistant Surgeon U. S. A., son of Dr. Hiram Corson, of Montgomery Co. Pa.

DAY—CORSON.—On November 12th, 1874, at Maple Hill, Montgomery Co., by Friends' ceremony, Miss Frances Stockton Corson, daughter of Dr. Hiram Corson, and Richard H. Day, of Philadelphia.

HAZEL—SHOEMAKER.—Tuesday evening, November 10th 1874, at 1722 Green street, by Rev. David A. Cunningham, Dr. F. B. Hazel and Nannie R. Shoemaker, both of Philadelphia.

KINKEAD—DODGE.—On Thursday, November 12th, at Poughkeepsie, by Rev. H. L. Ziegenfuss, John Kinkead, M. D., of Lexington, Ky., and Anna S., daughter of Le Grand Dodge, of the former place.

WELLINGTON—FARNHAM.—October 24th, Dr. L. L. Wellington, of Northfield, Vt., and Adah L. Farnham.

DEATHS.

ALEXANDER.—Suddenly, in Newark, N. J., at the residence of her parents, on the 16th ult., Caroline Stow, wife of Dr. Florian Alexander, and daughter of Samuel S. Tiffany, Esq.

BURKE.—On Monday, November 2d, 1874, suddenly, of paralysis, at her residence near Batavia, Genesee County, N. Y., Catharine E. Burke, relict of the late Myles Burke, M. D., of Galway, Ireland, in the 81st year of her age.

SHELDON.—At No. 39 West One hundred and twenty-eighth street, N. Y., of diphtheria, November 15th, Evelyn Pierrepont, oldest child of Dr. H. Laurence and Emma Barton Sheldon, aged 9 years.

STAHL.—At Baden-Baden, Germany, on October 26th, 1874, Daniel Stahl, M. D., of Quincy, Ill., formerly Surgeon and Brevet Lieutenant Colonel of United States Volunteers.

WALLACE.—At Burlington, N. J., on November 13th, 1874, Laura Christina, wife of Shippen Wallace, and daughter of the late John O'Conner Barclay, Surgeon U. S. N., aged 23.

WARD—At Newark, N. J., on the 13th ult., after a lingering illness Jane D., wife of the late Dr. John F. Ward.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

A CASE OF ACUTE IDIOPATHIC TETANUS.

BY T. N. RAFFERTY, M. D.,
Of Palestine, Ill.

The title of my communication will relieve me from the necessity of attempting a systematic dissertation upon the subject of tetanus, my intention being to lay before your readers the history of a case that occurred recently under my observation, and which is interesting because of its rare occurrence. In attempting to look up the literature of the subject, I find that the authorities have very little to say about it, many of them not having seen a single case, except of the traumatic form.

In Watson's Practice of Physic* we find two cases mentioned, one having occurred in the practice of Dr. Gregory, of Edinburgh, the other related by Dr. Hall, of Berwick, in the Edinburgh *Medical and Surgical Journal*. Dr. Watson himself says, "the affection is extremely rare in this country." Da Costa† says, "idiopathic tetanus is very seldom met with in temperate climates." Another author says: "It may arise from other sources than surgical wounds, but we must regard it as a disease chiefly arising from traumatic lesion of some kind."‡

Case.—On April 22d, J. C., a robust man, aged forty years, was engaged in driving hogs out of a marshy field, and by the exertion of running became greatly overheated; the ground being partially covered with water, his feet were thoroughly wet, and remained so during the day. The next morning, on waking, he noticed a slight distortion of the face, difficulty in opening the mouth and in swallowing, with very considerable stiffness of the muscles of the neck. I saw the patient for the first time on the morning of April 24th, two days after the exposure. There was marked trismus, though not complete; he could open his mouth enough to admit the protrusion of the tip of the tongue, which had already been severely bitten several times, and which was, in consequence, considerably swollen, but not coated, or but slightly so. The temperature of the body was normal; skin moist, convulsive movements not very frequent, and confined to muscles of face, to the glottis and diaphragm, and productive of great distress, the pain being described as beginning at lower end of sternum and running directly back to the spinal column. No pain during intermissions, except from the wounds in the tongue. His bowels were regular, the urine free. Heart's action normal, but increased during paroxysm to 120 beats per minute. There was complete absence of opisthotonos, and no rigidity of muscles of extremities.

Administered an active mercurial cathartic, to be followed by castor oil, and after the action of cathartic to have a half grain of morphia sulph. every two hours until quiet.

6 P. M. Patient has slept two or three hours during the afternoon; bowels moved freely, but the other symptoms are now much the same as in the forenoon, but augmented in violence; convulsions more frequent, increased difficulty

* Fourth edition, page 376.
† Medical Diagnosis, page 125.
‡ Erichsen: Science and Art of Surgery.

in deglutition; takes liquids with more ease than solids. Gave thirty grains hydrate of chloral, to be repeated every three hours when awake.

25th, 8 A. M. Had slept occasionally through the night, with partial muscular relaxation during naps; pulse eighty to eighty-five, irregular, but tetanic symptoms visibly increasing. Spasms more frequent and of longer duration; corners of mouth drawn down, producing well-marked *risus sardonicus*, so characteristic of the disease; slight opisthotonos; muscles of the extremities not affected. To continue the chloral hydrate, and to have with it one-twenty-fourth of a grain of sulph. of atropia

7 P. M. Patient much the same; has great thirst; pulse one hundred and twenty, body bathed in perspiration, head drawn back, jaws almost immovable, great anxiety of countenance manifest, muscles of abdomen rigid, opisthotonos increasing. The patient was now put under the influence of chloroform, used by inhalation, to the extent of entire loss of consciousness, and kept so most of the time until midnight. During its use the muscular spasms were almost completely held in abeyance, but the rigidity remained unchanged. Two other physicians were now added to the case, and it was agreed to administer a large dose of morphia; accordingly, three-fourths of a grain was given, which produced half an hour's quiet sleep, and well-marked contraction of the pupils, the tetanic symptoms all the time being on the increase.

26th, 9 A. M. Spasms continue with unabated fury. Laryngeal spasms so violent that the patient is constantly threatened with death by apnœa.

12 M. Patient died during a prolonged fit, from asphyxia, on the fourth day of the disease, five days after the exposure, remaining conscious to the last.

It is to be regretted that a trial was not made in this case of Calabar bean, a remedy that has recently come into great favor as a spinal sedative; yet the result would undoubtedly have been the same. That it was a genuine case of idiopathic tetanus seems certain. It could have been nothing else, unless it was a case of strychnia poisoning; but the points of differentiation were very clear. The treatment availed nothing, and it is doubtful if it ever does in this disease. As proof of this we have only to look at the number of remedies that have been resorted to in its treatment, and note the fact that the results of all kinds of treatment have been nearly the same.

Dr. R. O. Cowling has tabulated the reports of four hundred and fifteen cases of tetanus,* from an analysis of which, made by Prof. D. W. Yandell,† we make the following extracts: "of the whole number reported two hundred and thirty-three recovered; one hundred and eighty-two died."

As a proof that recoveries only, as a rule, are published, however, "deaths not being considered of any interest," he states further that "of the unpublished cases occurring in this city (Louisville), ninety per cent. died, or but three in thirty recovered. Of these one received no treatment except nourishment; the second was cured by a Thomsonian, with lobelia and steam." In three hundred and seventy-five cases, eighty per cent. were males. In thirty-four cases of idiopathic tetanus seventy per cent. were males. Further on he says "a careful analysis of these tables warrants, I think, the statement that the results of treatment by the different remedies are so nearly the same that no one agent can justly be said to possess any decided advantage over any other."

Among other agents mentioned, we give the following: Calabar bean, Indian hemp, ether, chloroform, opium, tobacco, quinine, aconite, stimulants, mercury, bleeding, cold effusions, ice-bags, purgation, turpentine, and division of nerves. We learn further that the much vaunted Calabar bean has proved less efficient than some other remedies; while chloroform stands confessedly at the head of the list.

Dr. Franzolini‡ says, "that he was a great believer in the use of hypodermic injections, in tetanus, of Calabar bean; but has become convinced that he was too sanguine in his views in the case of a patient in his hospital with tetanus. The tincture of Calabar bean was injected in the nape of the neck. The pulse was 84, temperature 38.8, respirations 22. One hundred and thirty drops of the tincture were injected in twenty-four hours. The patient succumbed."

According to Dr. Sandell,§ of Madrid, "the cure of tetanus is sometimes effected when it does not supervene until some nine days after the accident, or when the symptoms last five days. Chloroform is the remedy that has made

* American Practitioner, Vol. II, p. 152.
† Ibid, Vol. II, p. 160.
‡ Gaz. Med. Ital. Pro. Ven.
§ Pabellon Medico, July 21st, 1871.

the most cures. If any medicine cured a case that came on soon after the exciting cause, it would claim to rank as a remedy; but as yet this has not been discovered."

Mr. Erichsen,* speaking of the chronic form of this affection, gives it as his opinion that "clearing out the bowels by a turpentine enema, breaking the violence of the spasms and giving the patient rest and ease by chloroform inhalation or by chloral enemata, and keeping up the powers of the system by injections of beef tea and brandy into the rectum till the disease wears itself out, appears most likely to be followed by a satisfactory result, when used in addition to hygienic measures. It is certainly more rational to employ such measures, than to be constantly recurring to antispasmodics and sedatives, which repeated experience has proved to be useless as curative agents, in the vain hope of finding a specific for tetanus."

Arloing and Tripier† state "that the thermometer furnishes very exact information in regard to the progress and the mode of termination of the disease. If the rectal temperature remains below an average of thirty-eight degrees, the prognosis is favorable; at the moment it reaches a higher figure the prognosis is bad; the nervous centres are probably affected." In case the disease arises from a wound in a limb, they advise section of all the nerves of the limb as high up as possible.

Referring again to the analysis of cases made by Prof. Yandell, we find he arrives at the following conclusions:—

1. That tetanus occurs in males in the proportion of four to one, and tends to recovery oftenest in females.

2. That it is most fatal in persons under ten years of age; that it is least fatal between ten and twenty years.

3. That traumatic tetanus usually supervenes between four and nine days after the injury; and these cases represent the largest mortality.

4. Recoveries have been usual in cases in which the disease occurs subsequent to nine days after the injury.

5. When the symptoms last fourteen days, recovery is the rule, and death the exception, *apparently independent of the treatment.*

6. That tetanus appearing in the puerperal state is the most fatal.

7. That chloroform up to this time has yielded the largest percentage of cures.

8. The true test of a remedy for tetanus is its influence on the history of the disease. Does it cure cases in which the disease has set in previous to the ninth day? Does it fail in cases whose duration exceeds fourteen days?

9. That no agent, tried by these tests, has yet established its claims as a true remedy for tetanus.

Many other reflections in regard to the treatment of tetanus, and the utter futility of all treatment up to the present time, suggest themselves, but this paper would be protracted beyond the design of the writer, and more likely beyond the patience of the reader, were these to be presented.

* Science and Art of Surgery, Vol. I, p. 753.
† Arch. de Physiol.

THE WARM VAGINAL DOUCHE IN OBSTETRICS—A CASE.

BY DR. J. C. C. DOWNING,
Of Wappinger Falls, New York.

Mrs. S., æt. 20; summoned to see her for a pain in her stomach, October 28th, at 4 o'clock, A. M. Her mother said that she was pregnant; had been married six and a half months. Patient stated that she had felt pains, at intervals, in the evening previous; that they had steadily increased; that she had refrained as long as possible from mentioning her suffering, but could bear it no longer; would die if she was not relieved. A vaginal examination revealed the occiput of the child low down, and pressing firmly against a non-yielding perineum. From replies to questions, I judged that the membrane had been ruptured not less than two hours.

I returned to my office for chloroform, opium, ergot and forceps; after a short delay, I administered chloroform, which, although not pushed, partially suspended involuntary expulsive efforts, and totally abolished all voluntary ones. The forceps being readily adjusted, moderate traction caused the head to advance satisfactorily, and without any difficulty, delivery was accomplished of a fully developed female infant, weighing about eight pounds.

The uterus contracted rather feebly, but being grasped through the abdominal parietes, and gentle traction made upon the cord, the placenta was expelled, and being several times rotated, thereby causing the membranes to form a rope, all came away. As is usual when chloroform

is given, the hemorrhage was greater than would otherwise have ensued; also, as usual, the uterus did not remain well contracted; I therefore gave one teaspoonful ext. ergot, fluid, with the ordinary result; twenty minutes after, a firm, non-relaxing globular body in the lower abdomen evinced the fact that the ergot had counteracted the chloroform, and the flow diminished to the normal amount. The hour being now 6 A. M., I left the patient comfortable, and returned at 5 P. M.; nothing noteworthy had occurred, except discharges were quite free.

Oct. 29th, morning. The patient had not slept well; complained of inability to move or turn in bed, also of soreness and undue tenderness over both ovaries; had urinated; discharges (lochial) very copious; same symptoms in the evening, and the binder, being the same, was removed. Patient was seen daily until Nov. 4th. Nothing noteworthy except the unusual difficulty in moving and turning in bed; was urgent to be allowed medicine to operate upon the bowels; I gave a mild aloetic purge, which acted kindly, and she expressed a sense of relief.

Nov. 6th. I was sent for at 11 A. M., and was told that she had complained of abdominal pain and soreness, headache, and thirst, the evening previous, all of which had constantly increased; lochia suppressed during the night, also the lacteal secretion arrested; countenance anxious and haggard; eyes sunken and dark underneath; skin hot and dry; temperature under tongue 105° (twice taken); tongue moderately coated; lips very dry; intolerable and unquenchable thirst; pulse 120, small; totally unable to move; tenderness over the abdomen; suppression of urine since early morning. I ordered ol. terebinth, applied over the abdomen, and

℞.	Cincho-quinine	gr. xx
	Ol. terebinth	♏x
	Tr. opii, deodod.	♆ij
	Mucilage	℥iss
	Acid, citric	q. s. ut. sol. ft.

Sig. To be taken, divided into three doses, at intervals of every twenty minutes.

Again sent for, at 3 P. M.; temperature, as before, 105° Fahr.; pulse 144; face pinched and more haggard; breathing shallow, but uncountable from the constant calls for water, and the utterance of groans; increased tenderness over abdomen; nausea, eructations, retchings; refused to take more medicine; said she was dying, and the priest of the parish, being informed by me of her alarming condition, administered the offices of the church usual on such occasions. In the meantime I obtained my apparatus for using hot vaginal douches, after the method of Emmet. This consists of a tin reservoir, plano-convex in shape, to hang on a nail in the wall, to which is affixed a rubber tube six feet long, provided with a spring clamp to regulate or restrain the waterflow. In this was poured two gallons of water, at a temperature of 103° which was reduced to 100° as it issued from the perforated glass nozzle. The water contained four tablespoonfuls chlorid sod. and two teaspoonfuls acid, carbol. pur. A spittoon-shaped pan 4 inches high, under the hips, receives the water as it flows from the vagina. The cost of this arrangement is less than three dollars. I find that it answers better than any other, and I have used several. When the flow of water began the temperature and pulse were as stated above.

At the end of half an hour, during which time hot water was added twice, till she refused to endure it hotter, the pulse was 120; temperature (buccal) 102°. Thirst not quite so intolerable; could draw a longer breath, and the respiration is less hurried; says she feels much better in every way, but refuses to take any more medicine if it is likely to cause nausea. At eight o'clock, P. M., temperature 100⅘°, pulse 108; better in every way except that she has a cough which is becoming troublesome; expectoration scanty, tough, tenacious; throat sore, with a sense of constriction, accompanied with a desire to swallow frequently.

℞.	Ammon. mur.,	℥ss
	Ammon. carbon,	℥j
	Potass. chlor.,	℥jss
	Fl. ext. cubeb.,	♏.x
	Syrup. prun. virgin.,	℥ij.

Sig. One teaspoonful every hour or two. To have one swallow of weak milk punch every hour.

November 7th, 8 A. M. Temperature 99⅕°; pulse 96. Better in every way. Milk making its appearance in the breasts. Continue the above mentioned mixture at longer intervals, and increase the quantity of milk punch used. Also gave

℞.	Cincho-quin.,	gr. ij
	Ferri-pyrophos,	gr. j
	Acid. phos. dil.,	♏.x
	Fl. ext. nucis vom.,	♏.j.

Sig. Every three hours.

8 P. M. Temperature 98⅕; pulse 84. Lochia reëstablished. Says she "feels a hundred times better than she did yesterday," only "it hurts her to laugh!" So ends what, at one time, seemed likely to be no laughing matter. I have the impression that the hot utero-vaginal douche acted "*Tuto, cito, et jucunde.*"

BOILS.

BY MADISON MARSH, M. D.,
Of Port Hudson, La.

In the whole catalogue of petty afflictions there is none gives the victim more intense pain and exquisite suffering, and for which he receives less sympathy, than this common pest and its allies and adjuncts, styes and all furunculous ailments and disorders, and for which there are remedies so simple, so easily obtained, that afford prompt, speedy, and permanent relief. Not only that, but afford a sure protection, for the time, against their return, and prophylactic against their speedy reappearance. There is a general popular opinion, or superstition, or delusion prevailing, that it is "healthy to have them;" or, in another way of putting it, it is a hypothetical truism, that it is *healthy* to be *sick*. However paradoxical and absurd such opinions, it is nevertheless true that many old chronic, *incurable* maladies, by virtue of, and interposition of, some malignant and *fatal* epidemic, are speedily *cured*, where the patient barely escapes by "the skin of his teeth" a fatal result. We often find such results in cures of dyspepsia, neuralgia, chronic catarrh and chronic rheumatism, and even restoring the aged to the perfection of youthful sight. But from boils, their correlatives, and analogous eruptions, no such result need be anticipated. They generally follow on, one after another, or crop after crop, consecutively, until the patient's strength gives way and the general health is greatly impaired. It is just here that we can profit by the great therapeutic value of sulphuric acid in such cases, that I now bring to the notice of the profession, in this form and at this time, as a special remedy, if not a specific, in all suppurative diseases, especially boils, and all furunculous tumors. And this I do upon the unvarying results of at least its use for a term of twenty-five years. As soon as a patient applies to me for relief, I put an adult on elixir vitriol, twenty drops three times a day, in a glass of sweetened water, one hour before meals, previously smearing the teeth well with fresh butter or chewing a piece of fat pork, for a sure protection to the teeth. This is much better than sucking through a quill, as there is in this way regurgitation enough to throw the acid forward on to the teeth. Using the butter or pork is a perfect protection, if the teeth are subsequently washed with a solution of bicarb. soda, a heaping teaspoonful to a glass of water. In the use of sulphuric acid in this way, the boil (or crop) then on hand will soon melt away, and there will be but one effort more to return before they will finally disappear, no more to reappear. The acid should be kept up in ten-drop doses for at least two weeks after the boils have disappeared. To assist in their local treatment, to effect a speedy cure and afford relief from pain and soreness, I apply a piece of common adhesive plaster, cut round, sufficiently large to cover the tumor to the extent of the areola, clipping the edges so that it will set smooth; or a little shoemaker's wax spread on a cloth will do just as well. I have made this application to saddle boils, and next day rode in the saddle very comfortably, the boil progressing to maturity with great rapidity, with very little pain, and sometimes effecting an abortion at once.

In this connection I have read in your *Periscope* a very interesting and scientific article on the sulphides of soda, potash, and calcium, as an antidote for all these ills of humanity. And now, right here let me suggest, perhaps the chemical play of affinities in *nature's* chemical laboratory may evolve the sulphides in the same way that chloral *amateurs* claim that hydrate chloral is metamorphosed in the blood to chloroform.

LOCKJAW SUCCESSFULLY TREATED.

BY DR. M. PERL,
Of Houston, Texas.

Elise Albrecht, æt. 5, was brought to my office September 13th, by her father. On examination, it proved to be a case of lockjaw. I ordered him to take her home immediately and put her to bed, and I would call. The father told me that the child had been unable to take food and swallow for two days, and that he had consulted five physicians before he came to me, one of them, although his finger was badly bitten during examination, (evidently during a paroxysm) pronounced it to be some disease of the throat; the next two physicians, homœopathists, called it salivation. The

two others, Drs. B. and H., pronounced it lock-jaw, and expressed their regret at not being able to cure it.

When first I called, I found her just after a severe spasm; temperature 102; pulse for rapidity not possible to count; expression of the face horror struck and old looking; tongue, as far as could be seen, as the teeth could only be separated a quarter of an inch, dry and coated.

During examination she had another paroxysm of about five minutes' duration; head and heels nearly touched; I let her inhale some chloroform, which put her to sleep for a short time, and then examined her all over, and found on the sole of the left foot the mark of a small cut. On questioning her father closely, he stated that several nights before she was taken sick he heard her going into the yard during the night, and as she did not return for some time, he went out also, and found her asleep on the wet ground, it having rained hard the day previous. I consider the exposure to the dampness and night-air, after having cut her foot, the immediate cause of the disease.

I prescribed a solution of the extract of calabar beans and glycerine, ten grains to the half-ounce, dose three drops every two hours, alternately with three-grain doses of chloral, until sleep be produced.

I brought her once more under the influence of chloroform, and cut a paroxysm short at the beginning. Called same evening; found that spasms had diminished in violence and duration, but not in number, she having had twelve during the day; temperature the same; pulse 140; continued the medicine.

September 14th. Had several very severe spasms during the night, temperature and pulse unchanged; gave one-thirtieth of a grain of curare, hypodermically. Called the same evening; found the temperature reduced to 99.5; pulse 124; had only six paroxysms during the day; the mouth could be opened one-half of an inch; she drank a small cup of fresh milk and the yolk of an egg, and passed a large quantity of urine, which gave her great relief. Repeated the curare.

September 15th. She passed a comparatively good night, had only four paroxysms; temperature 98, pulse 120; ordered one dose of castor-oil and five drops of tincture of cannabis indica every three hours.

7 P. M. Only two paroxysms during the day; temperature 97, pulse 112; after a copious evacuation, she had slept four hours without interruption.

September 16th. Only one paroxysm during the night. Medicine continued.

September 17th. Had slept the whole night, interrupted only by two light paroxysms; temperature 97, pulse 102; mouth open three-fourths of an inch; looks more cheerful and took more food. Medicine continued.

September 18th. No change.

September 19th. Considered out of danger, and gradually improving.

October 18th. She came to my office the very picture of health.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Service of Prof. John Neill, M.D.

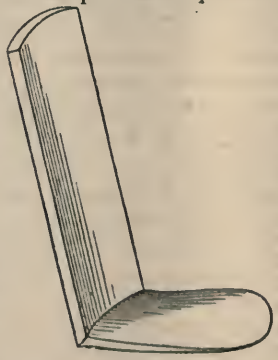
REPORTED BY DE F. WILLARD, M.D.

A Simple but Effective Talivert for Club-foot.

Gentlemen:—I bring before you a case of club-foot, not alone to illustrate one of the most common deformities which you will be called upon to treat, but more especially to show you a practical, efficient instrument for its relief.

The ordinary apparatus is expensive, and difficult to fit accurately upon a foot so small as the one I shall present to you, and although it is adjusted with numerous screws and pads, it is almost impossible to apply it satisfactorily to a very young child.

I am not the first to recommend simple wooden splints and foot-boards* for the treatment of club-foot, but merely state that this mode is ordinarily overlooked, both by writers and teachers. One of its chief values is that it can be constructed in a few moments by any one of you, and in many cases no other appliance will be required. All that is needed is two strips of three-quarter inch pine, poplar, or other light board, well planed; one of the length of the child's leg from knee to heel; the other, one-quarter inch longer than the foot. The leg piece should be one and a half inches in width, and excavated longitudinally to receive the posterior convexity of the limb. This is easily done with a curved chisel or even



* On the Treatment of Club-foot, by H. Neill, M.D., *North American Medical and Surgical Journal*, April, 1828.

with a knife. The foot-board should be narrow at the heel, say one and a half inches, gradually expanding toward the anterior part until it is a little wider than the toes. The extremity can be rounded and all the corners and angles retrenched. Three lath nails or small screws fastening the two pieces firmly together at right angles, completes the whole affair, and the time occupied in its manufacture has, as you see, been but a few moments.

You may think the boards too thick and clumsy, but this is requisite at the junction, in order to secure strength for the leverage, which I shall soon show you. At other portions, however, you may shave it down to a considerable extent, so that it will be very light.

Now for its application. The case is a congenital one, the child is four months old, and the deformity the variety designated as varus, or more properly equino-varus, since the heel is elevated while the foot is inverted. Were the foot everted, as in the cast which I here show you, we should call it talipes valgus. Calcaneus is the form in which the heel is depressed and the toes elevated.

Examine these casts, and see what painful deformities result from the omission of the operation and treatment I am about to exhibit to you.

In the present case, the muscles at fault are the tibialis anticus, and the gastrocnemius and soleus. The tibialis posticus, and the plantar muscles do not seem involved to any considerable extent. The peronei are, of course, relaxed, and the spasmodic contraction of the muscles above named would probably continue indefinitely, unless relieved by operation. Not only would it continue, however, but the deformity would increase with each advancing year, until not only the internal lateral or deltoid ligament became contracted, and the external one elongated, but even the bones would ultimately be so deformed and twisted as to cause the scaphoid to atrophy, and leave the astragalus, while the external malleolus would be thrown backward toward the posterior portion of the os calcis, to such extent as perhaps to revolve the bones of the leg upon their longitudinal axis, more than the quarter of a circle. This is frequently seen in cases which have been permitted to go on until constantly exerted muscular force has exercised its baneful influence in distorting even such hard structures as bones.

If you ask me as to the cause of this deformity, I can only say that it is evidently due to some intra-uterine irritation of the ganglionic cells of the medulla spinalis, thereby producing a tonic contraction of these particular muscles; following a law which you will see exemplified every day in the treatment of fractures, etc., *i. e.*, a permanent approximation of the origin and insertion of a muscle, with proportionate separation of these points in antagonistic muscles, will produce a contracted, shortened condition of the first set, with a weakened, elongated state of the second. After removing the splints from a knee long flexed you will find the stiffening not alone confined to the articulation, but very largely attributable to muscular contraction.

Why this particular set of muscles is so often affected as to make club-foot the most frequent of malformations, cannot be anatomically explained. It can only at present be attributed to a preternatural susceptibility to morbid muscular activity, which activity is sometimes so great as to cause a second retraction, even after division of their tendons. That the action is largely "spasmodic," however, seems to be proved by the fact that the reduction of the deformity is much more easy while the infant is sleeping, as also by its relaxation under the steady pull of an apparatus.

When I take this foot in my hand, you will see that I can bring it almost into a straight position without the exercise of any considerable force, and much can be done during the first few weeks of an infant's life by an intelligent nurse, if manipulation and stretching are diligently applied.

Should the muscles seem greatly contracted, however, no time should be lost in vain attempts to restore the foot, but more positive means must be at once instituted, the amount of which will depend upon the degree of deformity. In very slight cases it will be sufficient to use the talivert which I have shown you, but if the plane of the sole of the foot is upon a line with the leg, tenotomy becomes necessary. In those cases where division of the tendon is not demanded, an apparatus must be worn a long time, until all tendency to deformity has disappeared. The instrument ordinarily in use is the Scarpa shoe, or some of its modifications, and where it is requisite that an apparatus should be long applied, it must be procured. The talivert is only intended as a simple dressing, and would not, of course, answer for walking purposes. It is not often difficult to determine when severance of the tendons is necessary, and in all doubtful cases a few weeks' trial of a splint will decide the question.

But look at the case before us. I can force the foot into position, but as soon as I remove the pressure it flies back to its abnormal place. I straighten it again, and you see that the tendo Achilles rides out firmly. The tibials, though not visible, are palpable, but I think will scarcely require division. We can judge better after the other is released.

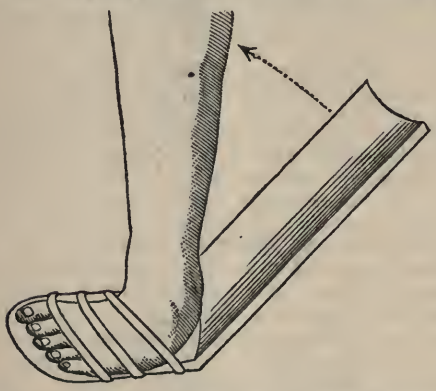
You will remember that this case was before you three weeks since, upon which occasion I removed a distorted supernumerary toe from each foot; to-day we propose to complete the restitution of the left foot to its normal condition.

The child being etherized, I flex the tarsus and bring the tendo Achilles into strong relief. Then with a sharp-pointed tenotome, I pierce the integument upon the inside of the tendon, about three-fourths of an inch above its insertion into the calcaneum, keeping in view the course of the posterior tibial artery. Passing the knife beneath it, I turn the sharp edge against the tendon, and making slight

pressure it snaps almost audibly, and the heel is easily brought into position. A dossil of lint, and a warm adhesive strip, will effectually close the minute opening which I have made, and prevent the entrance of air.

If the posterior tibial artery is normal in its distribution, it should never be wounded, but such an accident might possibly occur, under which circumstances its retraction would be favored by complete division, after which hemorrhage could be controlled by a firm compress. Should aneurism follow, ligation of the artery would become necessary.

I now forcibly stretch and mould this foot into position with my hands, and am ready to apply our talivert. I place the foot upon the well-padded foot-board, allowing it to fall into its old deformed position. With a narrow adhesive strip I now encircle the foot and splint at the ankle, and draw the heel firmly and accurately down upon the sole, and with two or three more strips I fix the foot and toes. Now you see that it cannot move, but the leg-piece of the apparatus stands



off upon the outside of the limb, almost at a right angle. I simply bring it into position behind the leg, and by its principle of leverage, at once you see that the foot is straight. Two or more strips fasten it to the leg, and all is done. Could you wish anything more simple or perfect? It can be worn for weeks, the dressings being renewed as often as they become loose.

The use of adhesive plaster in connection with this splint introduces a *new* and *effective agent* in the treatment of club-foot which I believe will in some measure substitute the expensive and badly-fitting machines which so often prove ineffectual.

For long continued wear, an apparatus is, of course, preferable; but when a shoe is procured, it should always have a leverage appliance by which the heel may be depressed, and another for the gradual abduction of the foot. With every apparatus you must guard against long-continued pressure, since sloughs are not uncommon. Nothing is more frequent among young orthopædic surgeons than the desire to accomplish all in a short space of time, but such a course will only cause delay. A little pressure constantly exerted, will accomplish the result sooner and better, and you will be surprised to see how great will be the influence of only a few ounces of judiciously applied force.

To avoid undue pressure any apparatus should be frequently removed, the foot well rubbed with alum and whisky, or other stimulating liquid, and readjustment effected.

The length of time required for cure will depend upon the amount of the deformity and its duration, but it is seldom advisable to cast an apparatus aside until a child has been walking for several months. As for the time at which the operation can be performed, I believe that the second day should not pass in congenital cases, before a splint is applied, and in those bad cases where there is no hope of recovery save in tenotomy, it may be advantageously practiced in the second month. In cases of medium severity, daily stretchings, with the use of an apparatus, will cure.

You have probably said to yourselves that I have separated the ends of the divided tendon, and that the gap will not fill up with new structure, but such an unhappy result is of very rare occurence. I have never experienced any difficulty in securing complete union. The amount of new material will always be in excess for a few months, but in time cannot be detected from the original structure.

Amputation of Finger.—New Phalangeal Knife.

The next case is a man whose little finger was badly crushed by the cars about one week since. An attempt was very properly made to save the member, but as you see, proved unsuccessful. The extremity is now sloughing, and must be removed; still, no harm has been done by waiting, and conservatism is so preeminently valuable in the treatment of injuries of the hand, that I would always advise its trial, when no contra-indications exist. A warm water dressing, or a flaxseed meal poultice, has often saved most useful portions of the hand, even when they seemed past hope.

In amputations of any portion of the hand, the rule is imperative, to save everything possible. In the present instance the second and third phalanges must be sacrificed. Now you have frequently seen the slow and awkward movements of surgeons in removing fingers, due to the irregularity of the surfaces comprising the joints and the strength of the ligaments. In order to avoid this I have had made a slender knife which has no shank, the sharp edge of the blade arising directly from the handle, which is itself quite robust. This instrument is not intended to be held in any of the ordinary positions of a scalpel, but is grasped in the hand like a common pocket-knife, thus securing its perfect control. Twenty years ago, at the Pennsylvania Hospital, I had a similar knife

made for my operations. Its method of use I will now show you. I raise the wounded finger, and endeavor to find the exact point of the articulation. This is somewhat difficult, as the swelling and induration is great, but by comparison of the length of the phalanges in the other hand, I can judge quite accurately. I grasp the end of the finger while an assistant steadies the hand, and cut directly inward and backward from the dorsal aspect, until I strike the joint, enter it at once from behind, feel my way through it, and bring out the knife, cutting forward sufficiently far upon the palmar aspect to secure another good flap. You saw that the knife went through easily, and yet there is a knack about both finding a joint and in passing through it. You also notice that the cut was made precisely as one would cut out a piece from an apple—"scooped" out; I find it the easiest of all methods. The stout handle, and the manner in which it is grasped, make the knife easy to manage. The flaps are abundant, and no ligatures will be required.

(Silver sutures were inserted, and adhesive strips, with a water dressing, applied. The wound healed kindly in a week. De F. W.)

Editorial Department.

Periscope.

Treatment of Obesity and Leanness by Mineral Waters.

M. Gubler, quoted in the London *Medical Record*, says:—

Mineral waters have chiefly been used in the first of these conditions. The second of them has been less treated with them, no doubt because it was considered only a symptom of a morbid condition, which disappeared when that condition was removed; but the absence as well as the excess of adipose tissue constitutes sometimes an independent morbid condition, requiring special treatment.

The sedative action of a mild and humid atmosphere is favorable to the return of *embonpoint*. On this account, I recommend the climate of Pau and of the basin of the Adour. Prolonged tepid baths in indifferent waters, such as those of Neris, Bagnères de Bigorre, Ussat, Aix-en-Provence, are likely to produce good effects. One may equally use the eupeptic, blood-making or nourishing waters of primitive and volcanic lands; and perhaps the copper and mineral waters, for their metamorphic powers. Who knows that the copper waters of Bagnères de Bigorre, of Balaruc, and of Saint-Christau, may not some day be the great restorers of rounded outlines to the spare forms of the fair sex?

For a long time foreign baths have had a monopoly of the treatment of fat and overgrown people. The cure by emaciation is tried at Driburg, at Ems, and Kissingen, and especially at Marienbad.

The alterative and purgative action of such waters is assisted by spare diet and violent exercise and sweating. Nothing should be easier than to produce similar effects in France, with some of the purgative waters, for instance, at Brides, at Neris, at Santenay, at Montmirail, or at Mont Dore, at Chatel Guyon, Saint-Maurice, and Saint-Nectaire. Many of these places are situated in an agreeable and picturesque country, and have sufficient establishments.

[M. Gubler is not entirely *au fait*, when he talks of German waters. Surely the iron waters of Driburg are not attenuating. What he says about copper and arsenical waters is purely conjectural. Neris and Mont Dore have excellent establishments; Aix-en-Provence, Chatel Guyon, and Saint-Nectaire, middling ones.—*Trans.*]

Treatment of Orchitis by Absolute Rest.

Dr. Ponzoni furnishes an account (*Gazzetta Medicina Italiana*, October 24) of the great success which, at the hospital at Lodi, has attended the treatment of orchitis, whether traumatic, idiopathic, or secondary to blenorrhagia, by absolute repose. Dr. Fiorani, the senior surgeon of the hospital, introduced the treatment some years since, under the belief that the cases which were said to recover under the use of collodion, nitrate of silver, etc., really did so in consequence of the immobility which accompanied these different modes of treatment. In 1872 he published twenty-two cases in which a cure was effected by this means alone. Since that time the practice has been continued, and Dr. Ponzoni now publishes twenty-eight additional cases, of which number sixteen were examples of blenorrhagic orchitis, five were idiopathic, and seven traumatic. To these are also to be added two cases of idiopathic epididymitis, and two cases of spermatitis, one blenorrhagic, and the other traumatic; making thirty-two in all. In two of the cases of blenorrhagic orchitis, repose was accompanied by the application of collodion in order to secure a greater quietude to the organ in consequence of the indocility of the patients, caused in one case by a cough, and in the other by abdominal pain. In two others the pain had been dissipated by rest, and the size of the testicle had become reduced, but, as the resolution seemed to be delayed, it was hastened by the

application of ointments. In all the others simple repose sufficed, the medium time required for the cure being much less than that required by other modes of treatment. The rest has, however, been absolute, the patient not even getting out of bed to pass his evacuations; but remaining in the supine position, having the testis supported by a small cushion placed between the scarcely separated thighs. Under this procedure the patient feels some amelioration even by the next day, the pain and any febrile action that may accompany it soon subsiding, and the organ gradually recovering its normal size.

Action of Quinine upon the Nervous System.

Herr Heubach, says the *Lancet*, from experiments made in Prof. Binz' Pharmacological Institution at Bonn, in which the slightly alkaline amorphous muriate of quinine was injected in doses of about a twenty-fifth to one-fifth of a grain, arrived at the following conclusions :—1. With *small* doses the reflex excitability of the nervous system is not lowered, but exalted. The animals (frogs) exhibited distinct phenomena of intoxication, but lived, and completely recovered from its influence in twenty-four hours. 2. With *large* doses the reflex excitability is in the first instance exalted, but subsequently diminished, the depression, however, being due to paralysis of the heart. Kölliker long ago called attention to the fact that paralysis of the heart abolishes reflex excitability, and Heubach has himself demonstrated the fact that, after the application of a ligature to the aorta, reflex excitability rapidly disappears. Hitzig has also shown, in his just published essay on the Brain, that a due supply of blood is absolutely requisite for the conservation of the excitability of the central organs. 3. *Very large* doses not only affect the respiration and the activity of the heart, but quickly abolish all indications of vital activity, and consequently also of reflex excitability. The cause of death when large doses of quinine have been given is not, as generally supposed, direct poisoning of the heart, but primarily paralysis of the respiratory acts, and the heart is subsequently affected.

Hydatid of the Liver Treated Successfully by Aspiration.

Numerous cases of the success of this treatment are reported in foreign journals. We quote this one from the British *Medical Journal* reported by J. D. Heaton, M. D., F. R. C. P., Senior Physician to the Infirmary, Leeds :—

Charlotte Collis, aged 20, single, is a native of Cambridgeshire, where she lived with her parents till fifteen years old ; she then went into domestic service in London. Six months ago she gave birth to a child, which is living, and has been suckled by her up to the present time. She came to Leeds with her parents about three months since. She is of small stature, slender, of a very dark sallow complexion, shrunk and wasted appearance. Her parents are in good health ; two uncles are said to have died of cancerous disease.

The patient had good health till three years ago, when she noticed a small hard prominence on the surface in the right hypochondrium, where she felt sharp darting pains. She had occasional vomiting, the matter vomited being sometimes streaked with blood. She had medical advice, and was treated with iodine applied locally ; she was told she had strained herself and would soon be all right. The tumor remained stationary till about three months since. She continued her work as a servant, but her health partly failed ; she became weak and thin, and did no work after her confinement. About three months ago, the tumor began to enlarge markedly, and her health became worse. She again had medical treatment, but without benefit.

She now complained of constant headache, and felt weak and generally ill. She had shooting and dragging pains in the right hypochondrium, so severe as to keep her awake at night. A well defined rounded prominence was apparent on the surface of the right hypochondrium, becoming more prominent when she lay on the left side, and then forming a projection of the size of an orange. It was distinctly situated in the liver, rising and descending with the movements of the diaphragm. It was uniformly convex, hard and resisting, without any fluctuation, though somewhat elastic when firmly pressed. Pressure gave pain. No other tumor or irregularity of surface could be felt on the liver.

The liver being distinctly recognized as the seat of the tumor, the diagnosis of its special nature seemed to lie between cancer and hydatid. From the family history, she might be supposed to be predisposed to cancer ; but a single tumor of so large a size is not the condition in which cancerous disease usually shows itself in the liver. Cancer would not be likely to remain quiescent for two and a half years ; it would probably occasion more pain, and there would be more complete failure of health. The youth of the patient was also unfavorable to the probability of her being the subject of cancer. Excluding the supposition of cancer, we had to adopt the alternative diagnosis of a hydatid tumor. Its marked hardness and want of fluctuation might seem opposed to this view ; but we recognized a degree of elasticity which was encouraging, and we determined to seek for confirmatory diagnosis as well as curative treatment by the use of the aspirator.

The canula was inserted at the apex of the tumor, and, after passing through some thickness of resisting structure, it seemed to enter a cavity, or some more yielding medium. The aspirator at once drew a copious stream of transparent, almost colorless, fluid. About ten ounces of fluid were withdrawn, which became sanguinolent toward the close, when no further exhaustion was attempted. A pledget of cotton-wool soaked with carbolized oil was strapped over

the puncture, and a flannel bandage applied round the body.

No bad consequences followed. The prominence on the surface disappeared, but some remains of the tumor might be felt by manipulation, when the bandage was removed after some days. The pain and uneasiness were much relieved. The headache also left her. She remained in the house about a fortnight after the operation, during which time her appetite and digestion were good. She gained in strength and weight, and acquired a more cheerful countenance.

Relations between Congestion and Flexion of the Uterus.

The readers of the REPORTER who are acquainted with Dr. Chapman's views on this subject will be interested in a paper by Dr. John Williams, before the London Obstetrical Society. He said:—

Different and even opposing views are held upon this subject. 1. It is held on the one hand that congestion is the primary morbid condition of the uterus, and that flexion follows as its consequence. 2. On the other hand, it is maintained that flexion is the primary morbid state, and that congestion is brought about by it. A third view may be adopted, viz., that the two conditions bear no relation of cause and effect to one another, though they frequently co-exist in the same organ. After discussing at some length, in a very able and exhaustive paper, the various opinions, the author thus summarizes his conclusions:—There is no evidence to show that a physiologically increased flow of blood through the uterus occurring periodically, or that erections of the uterus, favor or cause chronic congestion of the organ. Exposure to cold during a menstrual period is not a common cause of congestion of the uterus. Simple congestion is a rare affection of the virgin uterus. Flexion, or flexion accompanied by congestion, is not an uncommon affection of the organ in its virgin state. The effects of congestion on the uterus are, at first, slight enlargement through distention of its vessels, then slight softening from exudation into its tissue, and lastly enlargement of the organ and induration of its tissue. The increase in weight of the body of the virgin uterus arising directly from congestion is probably equal to about the weight of two drachms of blood. The effects of congestion on the uterus are such, that it is not possible for such a small force as the weight of two drachms of blood to produce flexion of the organ. The condition of the uterus from the time of impregnation to the fourth month of gestation militates strongly against the view that congestion is a cause of flexion. The effects of flexion on the uterus are occlusion of its canal, leading to dilatation of its cavity and congestion and thickening of its walls, just as obstruction to the exit of material from all hollow muscular organs causes dilatation and hypertrophy of those organs. The increased flow of blood through the flexed uterus just before menstruation does not diminish but increase the flexion. Simple flexion of the uterus gives rise to congestion and hypertrophy of the cervix by compressing the venous plexus around the insertion of the vagina into the uterus. In retroflexion the body of the uterus and the veins of the broad ligament may be grasped by the sacro-uterine ligaments, and thus become greatly congested.

Dr. Tilt thought the author had well explained the mechanism of uterine congestion by flexion of the womb, but he maintained that something more than flexion, some diseased condition of the uterine tissues, was required to account for uterine congestion and its frequent consequences, otherwise it would not so frequently occur that the cure of the uterine disease permitted patients to take an active part in all social duties, although the womb remained considerably retroflected. Dr. Tilt still believed with Roget, that normal menstruation congested the womb, and he stated that many cases had been recorded in which the whole structure of a menstruating uterus had been found gorged with blood, as in Dr. Hayes' case. Dr. Tilt argued that in many cases of uterine disease menstrual molimen was seldom absent, and that there ensues a considerable amount of permanent softening of the body of the womb, while the cervix retains its usual firm consistency. Under such circumstances, it is easy to understand that some internal pressure should bend the overweighted body of the womb on its neck; and he argued that the frequent disappearance of marked uterine flexion after the cure of uterine congestion and ulceration, by leeches, cooling injections, and caustic treatment, showed these morbid conditions to have been the real cause of the flexion. Dr. Tilt considered that nothing could be more dangerous to sound practice than to attach too much importance to flexion of the uterus as a factor of disease; that to accept it as the common cause of uterine congestion was actually to make it the keystone of uterine pathology; and that the inevitable result would be the general resort to pessaries in the earliest stages of uterine affections, and to their almost necessary aggravation thereby; and he concluded by strongly urging that, whatever else amiss about the womb besides its state of flexion should be cured by preliminary treatment, before resorting to mechanical measures.

Signs of Pleuritic Effusion.

Dr. Day writes to the *Lancet*:—

In your impression of October 17th is an interesting communication "On Fluctuation as a sign of Pleuritic Effusion." Dr. Ward, of New York, who calls attention to the subject, has made no new discovery, and Mr. Deeping is correct in saying that it is "no novel indication." Trousseau, in his work on Clinical Medicine (New Sydenham Society, vol. iii., 1870), speaks of "intercostal fluctuation," and

gives an account of the way in which he employed a pleximeter and a hammer. He was in the habit of placing his finger over an intercostal space, and at each stroke of the hammer, between the different intercostal spaces, he detected fluctuation. Sir Thos. Watson, in his edition of the Principles and Practice of Physic, 1858, says, in speaking of the signs of pleuritic effusion, that "occasionally fluctuation may be perceived in the intercostal spaces through the muscles." Dr. Walshe also alludes to "a sensation of fluctuation" being transmitted to the finger, when an intercostal space is percussed, in cases of pleuritic effusion. There are surely very few medical men who are not aware of this method, which is of especial value, when the chest contains a limited amount of fluid. Fluctuation of the chest is allied to succussion of the chest, and when present it is a useful sign to aid our diagnosis. Some cases are easily made out, and the extent and limit of the effusion are well defined. This especially applies to children, whose thoracic parietes are thin and yielding. There are other cases of partial effusion which have occurred insidiously, and crippled a portion of the lung. The pressure has been so gradual that neither cough nor dyspnœa is present. Such patients may go about for a long time without the least idea that they have anything wrong with their chests.

The symptoms on which I think we may most rely are—

1. Dullness on percussion.
2. Impaired movement of the chest.
3. Absence of respiration.
4. Displacement of organs.

In some cases of effusion dullness and absence of respiration are the only symptoms. If there is thoracic deformity and obliteration of the intercostal spaces, all doubt will be cleared up; but it is very unusual to get all these symptoms in the same case. No large effusion of any duration can occur without protrusion of the intercostal spaces and a wider separation of the ribs. Here the surface has frequently a smooth appearance, and the dimensions of the affected side are increased. Mistakes in diagnosis will, however, occur in exceptional cases. The physical signs of effusion may be almost conclusive, and yet after death not a drop of fluid is found. A large hydatid or other tumor of the liver may have forced up the diaphragm, and encroached on a considerable portion of the chest. The signs of effusion are present: perfect dullness, absence of the respiratory murmur in the lowest part of the chest, bronchial respiration and broncophony in the superior portion. Another well-known method of diagnosis in determining the presence of fluid in the chest deserves notice. Where the diagnosis is obscure, I am in the habit of examining the chest in all available positions of the body. If the lung is solidified from old-standing congestion or inflammation, dullness is apparent in any posture, whether sitting, standing or recumbent; but if the dullness arises from an effusion of serous fluid, the sound will disappear as the fluid gravitates to the lowest part of the thorax. This method is of great service where the effusion is recent and limited, and the lung retains its spongy character. There are cases of passive effusion, not preceded by pleurisy or any inflammatory action. If the patient is erect, the percussion note may be dull in the lower part of the lung, and in the corresponding axillary region from the sternum in front to the spine behind; but if the patient lies on the sound side, the note becomes resonant, and the respiratory murmur returns; if on the back, the anterior wall is clear, the posterior is dull. This is a very useful method of examination in ovarian disease, where the chest is implicated. The fluid varies in quantity according to the duration of the disease and the constitution of the patient. There may be dullness in the lower half or third of one lung, with an absence of respiration over the same area, when the patient assumes the erect posture, and yet there is no cough nor shortness of breath. Attention would not be directed to the thorax if it were not the custom of my colleague, Mr. Spencer Wells, to have it invariably examined before performing ovariotomy.

The Action of Phosphorus as a Stimulant.

Dr. John Brunton, M.A., M.D., fellow and councillor of the Medical Society of London, etc., says, in the *Lancet*:—

Nearly if not all the writers upon the therapeutic action of phosphorus are agreed in this, that in certain conditions of extreme physical depression or exhaustion, the action of this drug, in full doses, is of exceeding value. Patients who to all appearance are sinking rapidly, are stimulated and tided over their difficulty. In those eruptive fevers which have a definite term, and towards the close of whose course, just before the turn, the exhaustive depression is very great, phosphorus in stimulating doses acts like a charm.

The difficulties that heretofore have been met with in the administration of this drug, as regards stability, solution, absorption, and taste, and the consequent uncertainty accruing thereto, have thrown it into desuetude; but now that convenient and certain formulæ exist, a fair opportunity has arisen for testing the marvelous powers of this agent. On this account I take an early opportunity of testifying to its powers.

Five weeks ago, Mrs. M., aged forty-seven, was in the twelfth day of typhus fever. Her depression was very great. She lay in bed, cold, nearly pulseless, semi-unconscious and with difficulty aroused, quite unable to move in bed; in short, she appeared moribund. One-twelfth of a grain of phosphorus was administered every two hours, with marvelous effect. The revivifying power was very marked, by return of heat, pulse, consciousness, and general power. Next day she had the turn, and has recovered admirably.

J. C., aged forty, a railway goods guard, from Peterborough, came to me on the 12th August, suffering from diarrhœa, which at that time and

season was very prevalent. In a day or two he had the appearance of having something more than mere diarrhœa. He became too ill to get out, and took to his bed. On examination I found the characteristic rose-colored spots of typhoid fever, and he had all the other symptoms present. His fever continued gradually to increase till the 29th August, when he said to me, "I am going to die;" and he looked like it. His conjunctivæ were injected, his breath cold, his skin cold and clammy; pulse 48, very weak and compressible; voice whispering; temperature 96.4°. He was in a condition of extreme depression. I at once administered phosphorus, in doses of one-twelfth of a grain, every two hours, and I was surprised to find on my next visit, eighteen hours after, when he had taken three-quarters of a grain of the drug, that he had quite revived. His skin was comfortably warm, eyes not so suffused, voice more natural; pulse 72; temperature 99°. I immediately stopped the phosphorus and gave nitric acid. Since that he has gone on prosperously, and is now convalescent.

Of course many more cases are needed to form a good induction, but I record these two for the purpose of inducing others to try the remedy. Heroic doses need careful watching, and I am sure the formula appended is most stable and active, and it is not unpalatable. I do not think I should care to go beyond one, or at most two grains of the drug, divided over two days. The second case is a good illustration that the drug is to be suspended when the desired effect is produced.

℞. Eth. tinct. phosp. (gr. ½ to ʒj.), ʒiij
Spt. vin. rect., ʒss
Glycerin. anhydr., ʒiss.
Sig. One teaspoonful as a dose.

Treatment of Dog-Bites.

In the *Medical Times and Gazette*, of London, Dr. Haddon says:—

If measures are not adopted to stamp out rabies in the dog, then we must endeavor to find a means of treating the bite in such a way as to render it, if possible, harmless. When we consider this subject, difficulties assail us which seem well nigh insurmountable, and make us doubtful of ever attaining the desired end. When we reflect on the rapidity with which substances are absorbed, and travel the whole round of the circulation, we are inclined to question the efficacy of any treatment after the bite is made. It is, however, possible that the peculiar poison of rabies may have a slow rate of absorption, and so give us some chance of removing it from the wound, or rendering it by some means innocuous. Hippocrates of old, in his wisdom, which we all admire, said that the physician must "have two special objects in view with regard to diseases, namely, to do good or to do no harm" That is a maxim the ventilation of which might be of eminent service, even in this enlightened age, in general practice, and it is particularly appropriate when we come to consider what must be done with the bite of a mad dog.

Tetanus is a disease which, in its symptoms, has a peculiar resemblance to hydrophobia. Spasms occur in each on the slightest irritation of any of the organs of sense; both are peculiarly diseases of the nervous system; and in neither, on post-mortem examination, is there anything very definite to account for death. Tetanus we know to be caused by a wound, more especially by a wound which does not heal quickly. Hydrophobia is not supposed to be caused by the wound, but by the saliva, in which some virus exists. Nevertheless, it would seem right that we should not follow any treatment which can retard the healing process.

The principal indications, then, for the treatment of a bite are:—

1. As soon as possible to remove the virus from the wound or render it innocuous.

2. To get the part healed as speedily as possible.

With regard to the first indication, so soon as the bite is inflicted it is not likely that a surgeon can be at hand, and so it would be well for the patient to suck the parts vigorously, if they are within reach. That will encourage bleeding, and tend to remove any saliva that may be in the parts. A ligature between the wound and the heart might also be applied to encourage bleeding. When the surgeon is consulted I would advise, when the dog is known to be rabid, excision of the bitten parts where practicable; afterwards, and where excision cannot be performed, I would wash out or syringe the parts freely with a saturated solution of carbolic acid in very hot water, and get the wound healed as soon as possible.

By that means I think we may hope to remove by excision or destroy by the carbolic acid any virus in the wound, and at the same time expedite the healing process. By such a method of treatment we can do no harm, and from the well known properties of carbolic acid, we may hope that it will do some good.

Reviews and Book Notices.

BOOK NOTICES.

Therapeutics and Materia Medica. A systematic Treatise on the Actions and Uses of Medicinal Agents, including their Description and History. By Alfred Stillé, M. D., etc. Fourth edition, thoroughly revised and enlarged. In two volumes, pp. 968, 976. Philadelphia, H. C. Lea. 1874.

This standard work, a monument of patience, erudition and sagacity, comes to us with material additions (some two hundred and fifty pages in all), conscientiously revised, and with all the new additions to the materia medica

which have any deserved place in professional favor.

It is needless to state the plan and contents of a work so well known; suffice it to say that the general plan and classification of medicines adopted in the earlier editions are still retained; and it gives us unfeigned pleasure to quote from the preface to this fourth edition the strong, but none too strong, condemnation of the chemiatrics and *à priori* physiological therapeutists, who arrogate to themselves the only science of treatment:

"In the first edition of this work, he (the author) contended against the mischievous error of seeking to deduce the therapeutical uses of medicines from their physiological action. Continued study, observation and reflection have tended to strengthen his convictions upon this subject, and to confirm him in the faith that clinical experience is the only true and safe test of the virtues of medicine."

These are golden words, and they cannot be too deeply impressed on the minds of medical practitioners. Let them beware of those writers who seek other fields of study than the sick room, when treatment is concerned. Dreamers and blind leaders, they drag their disciples with them into the ditch of nihilism. The faithful study of such a book as this of Dr. Stillé's is the corrective for such vagaries. It deserves all the time which the physician can spend upon it.

A Guide to the Practical Examination of Urine. For the Use of Physicians and Students. By James Tyson, M. D., etc. With a plate and numerous illustrations. Philadelphia: Lindsay & Blakiston, 1874. 1 vol., 12mo, cloth. pp. 182. Price $1.50.

This work bears the marks of careful preparation, and is evidently the result of a long practical familiarity with the best methods in urinography. For sugar the author prefers Trommer's test, but rather from his familiarity with it than from any intrinsic superiority it possesses. For albumen, he mentions first the heat test. In reference to its conduct, he makes, to our mind, two recommendations of doubtful worth. They are to acidulate with acetic acid, and to do this before boiling. Nitric acid is better because some forms of albumen are very soluble in dilute acetic acid; and it is desirable to add it after the heating, to dissolve any phosphates precipitated by the heat. Sufficient credit is not given to the carbolic acid test, which is both handy and accurate. The book would have been improved by a table of contents. There is, however, a good index, and the general style of the work will be found very satisfactory.

Outlines of the Science and Practice of Medicine. By William Aitken, M. D., F. R. S. Philadelphia: J. B. Lippincott & Co., 1874. 1 vol., cloth, 8vo. pp. 593.

This is a very excellent abridgement, by the author himself, of "Aitken's Practice," which, although a large, two volume octavo, has gone through six editions in England and several in this country. The smaller edition is in clear, small type, compact and convenient enough, as the author suggests, to carry about in a hospital ward. It is intended especially for students, and devotes particular attention to the symptoms and treatment of disease, the best methods of examining and recording a case, how to question patients, and the plans of clinical investigation generally which experience has shown to be the most satisfactory.

While intended chiefly for students, there is a great deal in it which it would profit most practitioners to read, and we can assure them that it is widely different from the superficial compends put into the hands of American students.

The Medical Use of Alcohol: and Stimulants for Women. By James Edmunds, M. D., etc. New York: National Temperance Society, 1874. 1 vol., 12mo, cloth. pp. 96. Price 60 cents.

Two addresses make up this little volume, the titles of which are given above. The author is a firm advocate of total abstinence, and gives many reasons why he holds to that faith.

Naturally, all such defenders of exclusive views overlook many facts obvious to those who swear by no master; it is also natural that, as they are altogether engaged in the *confirmatio veri*, they somewhat disregard *veritas* itself. What sort of a statement is it, that the physicians of the last generation "killed nine patients for every one that they cured"? (p. 29). To our thinking, it is a reckless and a false statement.

The most serious objection to the Temperance cause is, that it encourages one-sided, partisan, and hence untrue assertions. More truth-telling really would not hurt it any, though it is hard to persuade a temperance lecturer of that fact.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 12, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

☞ NOTICE. 1875.

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115 South Seventh Street,

PHILADELPHIA, PA.

THE CORTICAL BRAIN SUBSTANCE.

The highest, and the most obscure problem in physiology, is the relation of molecular motion to psychic action. It would seem that at a certain point of progress the clue slips from the fingers of the investigator, and he becomes completely bewildered. Yet there is a potent attraction about this study, readily understood, and this last year some positive advances have been made which deserve close attention.

Starting from the general truth which lies at the basis of comparative anatomy, that the skull is a development of the vertebra, and that the activity of the brain is governed by the same laws and the same conditions of the organic mechanism which preside over the activity of the different segments of the spinal axis and medulla oblongata, Dr. LUYS, of Paris, points out that every spinal as well as cerebral reflex process is composed of three successive periods intimately connected with each other; a period of incidence, an intermediate period, and a period of reflexion. The first is always an impression irradiated from a sensory plexus, a centripetal impression, conscious or unconscious, and marks the *début* of the whole phenomenon, and it is always an attendant or satellite motor reaction that completes it. In the brain, as in the spinal cord, there is a system of zones or cells disposed for the reception of centripetal impressions, and a system of zones disposed for the emission of motor excitations.

Physiological research shows that it is in the networks of the cortical substance of the brain that sensory impressions of all kinds reach their ultimate stage, taking from this point a new form, and becoming transformed into psychical incitations, which again lead to movement. The networks of the cortical substance therefore represent a vast common reserve for all impressions belonging either to animal or to vegetable life; and in a physiological point of view a synthesis of all the partial sensibilities of the organ, *i. e.* the *sensorium commune*. On the other hand, the experiments of Flourens and Ferrier

have shown that there exists in the cortical substance of the brain a series of isolated and independent motor centres governing certain groups of muscles. A cerebral reflex process differs from a spinal one, in its being amplified and transformed by the proper action of the exclusively cerebral nervous element interposed in its course. Speech, for example, Dr. Luys explains, essentially results from the synergic action of the psycho-intellectual and of an automatic sphere of nervous activity, the former comprehending the affection of the sensorium and subsequently of the conscious individual, the latter embracing the integrated and co-ordinated translation of the sensorial excitation. Anatomically, this last commences in the deep zones or cells of the cortex of the brain, and is conducted through the whole cortical striated fibres, then through the gray substance of the corpus striatum and of the pons, and terminates in the nuclei of origin of the hypoglossal and spinal nerves, which convey the impulses to the muscles affecting phonation.

The cells of the deep layers of the cerebral cortex, of which it is here question, are therefore the real seats of psychic action, and become of the utmost consequence in the study of its origin. They have recently been accurately examined by Prof. Betz. He finds in the convolutions anterior to the sulcus centralis numerous nerve cells which he considers to be the largest in the whole body, and to which he gives the name of "giant pyramidal cells." They are chiefly situated in the fourth layer of the cortex; are from 0·05 mm. to 0·06 mm. broad and 0·04 mm. to 0·12 mm. long. They all have two chief and from seven to fifteen secondary processes, and the latter further divide into still smaller ones. One of the principal processes is thick at its origin, and then divides and subdivides, and sends out lateral branches in its course to the periphery of the cortex; the other process is slender, and starts from the nucleus of the cell, passing directly into the axis cylinder, which soon becomes thicker and provided with a sheath, and so continues its course as an undoubted nerve-trunk.

These cells do not form a continuous layer, but are aggregated into groups or nests of two or more cells, which lie from 0·03 mm. to 0·07 mm. apart. They are less numerous in the lower half of the anterior central convolution, and are more frequently met with and more closely packed at its upper end and on the inner surface of the hemisphere. These nests occur in quite young people, though in them they are smaller and have fewer processes than in adults. In the brains of very old people the nuclei of the cells become filled with yellow granules, which do not stain with carmine. In the right hemisphere the cells are more numerous and apparently larger than in the left. They are to be found in the same locality in every human brain; in idiots, in the chimpanzee, and in several of the lower apes. Strictly analogous ones are found in the dog.

There is no doubt but that these important elements are the central seats of psychic action. The only physiologist, so far as we know, who advocates any other, is Nothnagel; and Dr. Hitzig, whose name is well known in this field of research, justly criticises Nothnagel's opinion that mental or spiritual functions cannot be rigidly localized in the brain cortex, holding that he reads the phenomena wrongly.

Hitzig himself says:—"It follows from the sum of our experiments, that thought is by no means, as Flourens and others have believed, a kind of general function of the brain, the expression of which may be made from it as a whole, but not from single regions, *but that it is much more certain that some psychological* (seelische) *functions, probably all of them, are dependent, either in their action on matter or their reflection from the same, on certain circumscribed cortical centres.*" And he adds: "For the correctness of this view, in fact, is shown with all desirable logical clearness from our experiments, and we consider this truth as the most valuable result of our labors."

Not only, therefore, the cortex is the seat of thought, but certain regions of it correspond to definite mental functions. This, as our readers well know, has been ably maintained by Prof. Ferrier; and one of the last contributions of that writer, one entitled, "Pathological Illustrations of the Brain Function," has a peculiar interest, as it is a practical application of its author's recent discoveries to the explanation of the facts of disease. Five fatal cases of organic disease of the brain are reviewed in it, and their symptoms are shown to have been in perfect harmony with the results of experimental inquiry.

With all this effort, which is admirable *in suo genere*, there is not a tittle of light thrown on the problem which is stated at the commencement of this article. Any one who supposes there is, reads his text wrongly. Certain conditions requisite to conscious thought are beginning to be defined. But what sort of relation these conditions bear to this manifestation, no one has discovered a single fact about. The causal law, the theoretical necessity, eludes us utterly.

Notes and Comments.

A Disease of Carpenters.

This was the subject of a paper by Dr. Peter Eade, at the last British Medical Association.

Carpenters, in certain portions of their work, use their upper extremities very continuously and monotonously; and the special case detailed —that of a carpenter—illustrated the morbid effects produced in them by overwork. Other forms of employment in which the arms are strained by over-exertion, such as that of "navvies" and laborers, who dig much, induce the same results. Sawyers are liable to a peculiar form of exhaustion of their shoulders and arms, but it differs from the affection now described; so also does the well known cramp and arm-weakness of writers, smiths, etc. The special symptoms of "carpenters' disease" are, shortness of breath; vague pains in the chest; pains ascending thence to the neck, face, or head; a constant secretion of salivary or bronchial mucus; and a peculiar nervousness or fidgetiness of manner. A subclavian murmur may be present (and Dr. Richardson has shown this very frequently to exist in carpenters). In some important respects, the symptoms are similar to those seen in chronic cases of concussion of the spine from a railway accident. The nerves involved are doubtless at first those of the brachial plexus, and then those of its related cervical ganglia and (by reflexion) other portions of the sympathetic and cerebro-spinal system. Various kinds of treatment have been tried, but nothing except prolonged rest has been found to be of any benefit.

Blisters in Rheumatism.

This ancient treatment is returning to vogue in England. The blisters are generally made two or three inches wide, and long enough to encircle the limb. When they have risen, they are dressed with linseed meal poultices for several days. Usually, the patients do not complain of the blisters, nor is there any serious inconvenience from them; but as soon as the drawing is accomplished there is a marked amelioration in the swelling, pain, and constitutional disturbance. The cases most eligible for treatment by this means are those where several joints are involved, and the suffering and constitutional disturbance great. Three to six blisters are applied at once near the affected joints; they are repeated as exacerbations occur, and are applied to joints as they are successively involved.

The Chemical Affinities of Drugs.

Dr. W. H. Griffith, who is an avowed "chemiatric," says, in a recent number of the *Medical Press and Circular*:—I purpose to direct your attention to certain axioms which that advanced therapeutist, M. Gubler, has recently advocated relative to the sphere of action and of elimination of drugs. I say "axioms," for, for lack of absolute proof, we cannot assign to these propositions the standard of definite laws. The first of these axioms or theorems may thus be stated:

Substances tend toward their similars or analogues in the animal economy; thus, sulphur would tend toward sulphur, phosphorus toward phosphorus, arsenic toward phosphorus, bromine toward chlorine, selenium toward sulphur, and so on.

A second theorem is that when a substance cannot meet with its similar or analogue

it cannot be assimilated, and must be eliminated.

A third proposition is that a substance is eliminated by that channel in which it meets with similar bodies; thus, neutral salts, sulphocyanide of potassium and soda, would be eliminated by the *saliva* and *pancreatic juice*; soda, fatty acids, neutral fatty bodies, cholesterin, resin, and ferruginous pigment by the *bile*; neutral salts, substances acting as acids, fatty matters, water, and ferruginous pigment by the *urine*; gas and vapors by the *breath*; casein, lactine, volatile fatty acids, butter, and neutral salts by the *milk*; and fatty acids, volatile acids, and neutral salts by the *sweat*.

For my own part I am inclined to regard these theorems as in the main verging on absolute truth, and until they are disproved, or until some equally intelligible and plausible proposition is offered, I will elect to regard these axioms of Gubler as adequately explanatory of the sphere of action and of the channel of elimination of drugs. I lean strongly to the opinion that the presence of quiniodine in animal tissues, as has been demonstrated by the masterly researches of Bence Jones and Dupré, is a powerful argument in favor of Gubler's views.

Rheumatism of the Tendons.

We learn from *The Doctor*, November 1st, that the Parisian surgeon, M. Peter, has often observed cases of rheumatic inflammation of the tendons and serous bursæ, unconnected with gonorrhœa. The pain is to be sought after, not with the hand, but with the finger, carefully exerting pressure on the situation of the tendons and bursæ, for example, behind the ankles, between the biceps and head of the fibula, above the aponeurotic expansion of the knee, behind the calcaneum and the olecranon, in front of the patella, in the situation of the great trochanter, etc. The disease is really an extenuated form of rheumatism, and constitutes rheumatic synovitis. It rarely presents cardiac complications. It is seldom accompanied by any great fever, though sometimes the fever may be somewhat high, and the evening temperature may rise to 39° or 40° Cent., say 101° to 104° Fahr. There may be some œdema in the situation of the inflamed tendons. The surface may also be discolored. It is much milder than articular rheumatism, and does not require energetic treatment.

Engraving of the late Dr. S. W. Butler.

A steel engraving of the late Dr. S. W. Butler, the former proprietor of this journal, and the founder of it as a hebdomadal, has been prepared for his family.

A limited number of copies will be furnished those who may desire them, on receipt of fifty cents, to cover cost of printing, wrapping, and postage.

Agencies Discontinued.

The agency of Dr. Bernacki, in New York city, for the Reporter, and that of Mr. Craig, successor to Mr. Hatch, for the Half-Yearly Compendium, have been *discontinued*. All business relating to subscriptions or advertisements for either journal, should be addressed direct to this office.

Collodion in Cervical Adenitis.

Dr. Turnié strongly recommends the application of flexible collodion when the superficial cervical glands are enlarged and threaten suppuration, and the skin over them is inflamed. The inflamed region is painted over with a double layer, and an additional layer is added during each of the next three or four days. The application is of no use in deep-seated adenitis, nor when the glandular swelling assumes a chronic form without heat and redness of the skin. The object is to prevent the formation of abscess, and when this has actually formed, the application is useless.

Correspondence.

Dysmenorrhœa with Vaginismus.

Ed. Med. and Surg. Reporter:—

I was called to see Mrs. C., last May, age thirty-nine, who was suffering at the time with hysterical spasms. Placing her upon the bromide potassa, thirty grain doses every three hours until relieved, I left her, to call the next day, when, on making examination per vaginam, I found the vagina so sensitive that examination by the speculum produced the most excruciating pain, which elicited screams from the patient. I found the os congested as well as the vagina, with hypertrophy of the os.

Mrs. C. married at the age of twenty, and never had any children. She had been treated by a number of physicians in twenty years, without any relief from the spasmodic contractions of the uterus, which commenced from three to four days before the expected flow, and lasted from seven to nine days. In attempting to pass the uterine sound through the os, I

found the os so constricted that the smallest surgeon's probe could not be introduced into the body of the uterus. I informed my patient that to cure her an operation would be required, to which she consented.

With the assistance of my friend, Dr. G., of Alabama, who was on a visit to the city, I placed the patient under the influence of Squibb's ether, and commenced the operation by introducing Atlee's dilator, and dilating the os and body of the uterus to the fundus. This was followed by Wilson's dilator, expanding the os so that the forefinger could be introduced. I then placed the thumbs back to back, and forcibly dilated the vagina. Placed my patient in bed, and gave morphia sulph., one-eighth of a grain, chloral hyd., ten grains, every three hours, to relieve pain. In ten weeks the patient was up and about the house, and now, four months after the operation, Mrs. C. menstruates without pain, and the vaginismus is entirely cured.

R. H. Hinton, M. D,

Philadelphia, Nov. 11th, 1874.

Carcinoma Linguæ.

Ed. Med. and Surg. Reporter:—

This exceedingly troublesome and rapidly destructive malady is very rare. It renders both eating and talking almost intolerably painful. Its situation renders the application of external remedial agents immensely difficult. If it be allowed to take its course without any treatment at all, it causes such enormous tumefaction of the tongue, as either to destroy the patient by asphyxia or disphagia.

Thomas Hawkes Tanner, M. D., in his Practice of Medicine, edition 6, page 122, commencing at the tenth line from the bottom, says, "Of the cases of the cancer of the tongue, which have been described by authors, the most frightful are those where the disease has returned after operation."

Thus Mr. Mceden Cook says, that "the disease returns with intense malignity, not only in the tongue itself, but in all the neighboring glands. The tongue sloughs more rapidly, and bleeds profusely; the glands enlarge to an enormous size, interfering with the powers of deglutition; they then ulcerate, and discharge pus or, serum, or blood, rapidly destroying the patient by a hideous death."

Mrs. Sumner, 120 North Broad street, Baltimore, was afflicted with epithelial cancer of the tongue. Five physicians who examined it concurred in pronouncing it cancer. I was of one mind with them in diagnosis. One of the five physicians proposed excision, but she resolutely refused to submit to this operation. The other four did not recommend any remedial agents whatever. It had increased very slowly during about seven months. She last of all desired me to do what I could for it. I prescribed,

R.	Hyd. iodid. rub.	gr. ij
	Cerat, simp.	gr. cxx
	Ol. bergamot,	gtt. vij. M.

I directed her to roast a fig, and cut a slice from it; then to put a little of the ointment three times a day on the diseased part; and each time put the slice of fig inside the gums and teeth, to prevent the action of the caustic upon the gums.

At the end of three days, under this treatment, her tongue became normal. She felt incredulous. She felt for it, and then looked in a mirror, and was delighted on finding the cause of her suffering entirely gone. About thirteen months have since elapsed without the slightest symptom of any return of the malady.

Thomas Barrow, M. D.

Baltimore, Md.

Gunshot Wound of the Chest.

Ed. Med. and Surg. Reporter:—

The following case came under my observation, and is of a very peculiar character, and one unfrequently met with in common practice. The history of the case as obtained from the patient and friends, is as follows:—

Mr. M——, æt. 29, a soldier of the 28th Pa. Vol. in the late rebellion, received in the battle of Pine Knob, Ga., a gunshot wound in the breast, the bulle (a conical) penetrating the lower lobe of the left lung, and passing out near the eleventh dorsal vertebra. He experienced a great shock at the time, which lasted from four to six hours; he was then removed to a hospital, where he remained for three months in a critical condition, under the treatment of army surgeons. As the wound was slow to heal, and suppuration set in, the surgeons had a silver tube three and one half inches long and one inch in thickness introduced, and from which is a constant dripping of pus of a disagreeable odor. His respiration is very difficult, complaining of shortness of breath, being very easily fatigued by walking or ascending steps. He has become emaciated and of a melancholy disposition, which I attribute to the severe nocturnal pains and constant suffering. But the most notable peculiarity connected with the case is, that he can, by taking a full inspiration, expel the air through the silver tube, and with great force, producing a rhoncus or whistling sound. I am endeavoring, at present, to alleviate his suffering, and build up his shattered system. But it is beyond my sanguine expectation to ever effect a permanent cure.

J. Rowland Fife, M. D.

Pittsburg, Pa., Nov. 16th, 1874.

The Sulphites in Dyspepsia.

Ed. Med. and Surg. Reporter:—

About three weeks ago I was called to visit a man who had been sick for the past three years. He seemed to be laboring under a disease of the stomach, which I diagnosed as dilatation, the result of chronic inflammation. He had been treated by all classes and every kind of physician, from the native American up to some of the leading men of our own branch of the pro-

fession, all without avail. He was still growing worse; the doctor that was attending him at the time I was called in had pronounced his trouble to be a constriction of the pyloric orifice, for the reason that he could get nothing to stay in the stomach without great pain, and because the contents were thrown up in a fermented, or acid condition.

This acid condition I changed by the use of sulphite of soda, with fluid extract nucis vomicæ, and hydrastus canadensis as a tonic. He began promptly to improve. The pain was relieved with the hypodermic use of morphia, which I still use once a day to keep the pain in subjection and the abdominal muscles from cramp. In his own words, the food seems to digest best when I use the morphia twice a day; still he is comfortable when it is used but once.

As I am desirous of ceasing the use of this drug as soon as practicable, may I inquire of your readers, what preparation they have found to supply its place in analogous cases?

JAMES D. APPLEY, M.D.

Lanenboro, Pa.

NEWS AND MISCELLANY.

Old Fashioned Surgery.

The Rev. R. W. Browne, in his work, "A History of Classical Literature," says of medicine in the Homeric age:—"Surgery was the only branch practiced of the science of medicine. Disease was inflicted by the vengeance of heaven, and no human skill was able to arrest the blow. Wounds which were the work of human weapons were able to be treated by man. The surgeon was held in the highest esteem. He knew, however, only the mere rudiments of anatomy, and the treatment which he prescribed was very simple. The wound was dressed with herbs, and the hemorrhage was stopped by the rust of a brazen spear."

Ancient Treatment of Syphilis.

The following case, dating as far back as 1667, shows a modern method in old hands. A soldier was affected with syphilis of long standing, with numerous exostoses. Three drachms of *liqueur purgative* were injected into the vein of the arm. Great pain in the elbow and swelling of the arm followed; the medicine acted at the end of four hours with five actions of the bowels; the following days the same action went on. The exostoses diminished, and soon there were no traces of the lues venerea left. The *Journal des Savants* of January 23d, 1668, relates these cases, but gives no details respecting this purgative liquor (*medicamentum purgans*). Might it not have been calomel, then the universal panacea recommended by Paracelsus? However this may be, it is certain that surgeons in former times have made medicated injections into the veins without any untoward consequences, though with imperfect instruments, and seem to have obtained beneficial results from their use.

Total Abstinence in Maine.

In answer to an inquiry from a gentleman in England regarding the working of the Maine Liquor Law, Governor Dingley writes that the effect of the law has been wholly good, and adds: "In more than three-fourths of the State the law has been well enforced, and dramshops are unknown. In the balance of the State, comprising the large cities, the law is not so well enforced, and in Portland and Bangor I regret to say that we are almost as bad off as we should be if we had a license law. The result of the law on the whole, united with temperance efforts, has been greatly to reduce the consumption of intoxicating liquors and lessen drunkenness in a most noteworthy degree."

Personal.

—Claude Bernard has been appointed Director of the French Academy for the last quarter of 1874. The French Academy, it will be remembered, numbers only forty members, consisting of the most distinguished literary writers of the country.

—Recently, Dr. W. H. Hollingshead, of Fort Valley, Ga., amputated the leg of Dr. J. L. Gibson, at Montezuma. The limb was crushed twenty years ago, by an accident of some kind on a railroad. It was cut off below the knee.

—George Labar died at Stroudsburg, on Saturday, at the reported age of 113.

—English exchanges announce the death of Dr. Edward Smith. He is known as the author, among other works, of a book of Travels in Texas, published 1849.

Items.

—The Board of Health of Syracuse, New York, announce that there are only four cases of small-pox and nine of varioloid in that city; also, that the disease is "fully under control."

—A number of the French Canadian physicians of Montreal have formed an "Anti-Compulsory Vaccination League." They intend to oppose by all legal means the operation of the vaccination law, and to endeavor to procure its repeal.

—The German Cholera Conference in Berlin held its concluding meeting on October 20. The proceedings are in the hands of Professors von Pettenkofer and Hirsch, for arrangement and publication.

DEATHS.

HELLER.—December 4th, at No. 709 Brown street, Philadelphia, of meningitis, Henrietta Emilie, youngest child of Dr. Max and Rosa R. Heller, aged 2 years and 3 months.

THE

MEDICAL AND SURGICAL REPORTER.

No. 929.] PHILADELPHIA, DEC. 19, 1874. [Vol. XXXI.—No. 25.

Original Department.

Lecture.

CLINICAL LECTURE.

Delivered in Bellevue Hospital Medical College,

BY LEWIS A. SAYRE, M. D.,

Professor of Orthopœdic Surgery and Clinical Surgery in Bellevue Hospital Medical College, Member of the American Medical Association, etc.

REPORTED BY WILLIAM A. GEORGE, M.D.

Talipes.

Gentlemen:—In our last lecture I spoke to you of deformities of the feet. I told you that *talipes equinus* was that distortion of the foot in which the heel was elevated; *talipes calcaneus* in which the heel was depressed; *talipes varus* in which the foot was inverted, and *talipes valgus* in which the foot was everted. Perfect examples of any of these forms of talipes are of infrequent occurrence, the deformity nearly always partaking of the character of two varieties. [The professor here referred to several plaster casts illustrative of the different forms which talipes assumes.]

I told you at the time cases were divided into (1) congenital, and (2) acquired; those from birth and those acquired by subsequent disease, the result of nervous inanition. Talipes, in the great majority of cases, is the result of paralysis.

Now, how are you going to detect whether the disease is of paralytic or spastic origin? If it be the result of paralysis, it can be restored by the hand to its proper position, but as soon as you remove your hand it goes back to its former place. If it be of spastic origin, you will not be able to restore it to the normal condition, and in order to do this, you must sever the tissues that hold it in the abnormal state. In cases of paralytic origin of long standing, inflammation may take place at spots pressed upon, and thus produce reflex contractions of other tendons which may require section to effect a cure. And right here I want to impress upon your minds a physiological law; structural change is the inevitable result of long continued contraction.

Next, how are you to decide whether you must cut or not? If you can, by the moderate application of force, long continued, gradually restore the foot to its normal position, and, holding it there, touch the tendon stretched, and it does not produce a reflex spasm, then that tendon must not be severed; if, on the contrary, pressure does induce reflex spasmodic contraction, then cut.

Having discovered that there is a necessity for making section of a tendon or fascia, where shall you cut? It is in the exact spot where by pressure you produce this spasm, whether it be in the tendo-achillis or anywhere else; the point of pain is the place for incision.

And now, how are you going to cut? In the first place you want tenotomes of a different pattern from those found in any of the shops, and the proper instrument for this operation I hold in my hand; a knife, with a strong sickle-shaped blade, and firm handle, so as to avoid all danger of breaking. is the one you most frequently use. The blade is rounded upon the point, chisel-shaped, that there may be no risk of puncturing an artery, a risk too dangerous to incur. Always in cutting deep-seated tendons it is best not to use a pointed blade. There should, also, be a dot on the

handle of the knife, to indicate to you upon which side the edge is. Having selected your tenotome, holding it flatwise, you slowly pass it through the integument, gliding along toward the tendon you intend dividing (which will readily be recognized the moment you strike it), enter the theca, slide the knife under the tendon, and turning its edge upward toward the tendon, making firm pressure at the same time upon the latter against the knife, you gradually saw your way through. The moment the tendon snaps, cut no more; turn the blade upon its side and withdraw, being careful to place your thumb on the wound to exclude air, and hermetically seal with adhesive plaster. It is possible you may have cut vessels by this wound, but the blood effused will soon be absorbed.

You now apply the following dressing:—Take a piece of board a little longer than the patient's foot, and saw it into the shape of the sole of the foot; then cutting a strip of adhesive plaster twice the length of the board, and to extend from the toes to the knee and reverse, you commence at the anterior extremity of the board and apply the plaster, running along the upper surface, passing over the heel and then forward, leaving the remainder of the strip for future use. Now place the heel of the child on the heel of the board, and firmly secure it there by a strip of adhesive plaster across the instep, being careful to nick it so as to prevent strangulation and its consequence, sloughing. After fastening the heel in this manner, you bring the foot into its normal position, and hold it there by adhesive straps and roller, taking care in their application not to interfere with the circulation, as the temperature is always low, and it will not bear pressure as well as in a healthy condition. Now the strip of plaster at the toe of the board is brought up and attached to the leg below the knee, and the roller, being carried half way up the leg, is passed over it; then the end of the plaster is reversed and the roller passed over again to make it the more secure. In two or three days' time take the dressing down and examine; relieve pressure where the limb has been bruised and readjust the dressing as before. After four or five days the wound will be completely healed, when you will employ whipping, galvanism, and manipulation, until you restore the foot to its normal position. You must use caution not to overdo these manipulations so as to tire the muscles, and in your plan of electric treatment be careful not to exhaust, but to stimulate the parts; do not drive the paralyzed muscles beyond their endurance.

[The Professor then illustrated the plan of treatment by adhesive straps and Barwell's method of cure by the use of artificial muscles. He spoke of a test to discover whether a muscle had undergone any structural change, which was on the principle of testing butter or flour, and consisted in passing a tubular instrument through different portions of a muscle, and subjecting the tissues which had become impacted in the tube to a microscopical examination.] "If it be thoroughly and completely changed in its structure, from one end to the other, then it is gone."

Case 1. I bring this case before you, gentlemen, to illustrate two or three points in the after-treatment. You will remember I operated upon this boy some two weeks since, for club foot, and the result has been eminently satisfactory. A mistake, however, has occurred in the manufacture of his shoe, which has happened, also, upon several other occasions, and in regard to which I desire you to be on your guard; viz., the shoe has been made too short. In cases of operation for talipes the foot becomes extended and expanded, owing to the section of tendons and fascia which bound it in its abnormal position, so that if allowance is not made for this extension and expansion in the manufacture of the shoe, it will prove too small.

There is another point connected with the dressing of this foot to which I desire to call your attention; I refer to the irritation and swelling which is produced by leaving a thread of raveling between the integument and bandage. It is astonishing to see how much injury can be wrought by inattention to this apparently insignificant matter. It will frequently upset the most perfect surgical operation if not looked after.

You will notice now, when I make pressure upon the tendon divided, that I do not produce the spasm which I was able to before; but you will also perceive that it still requires mechanical appliances to retain it in its proper position, but only the slightest amount of force is requisite for this purpose. What I wish to impress upon you, is, that notwithstanding I have employed all the surgical interference necessary in the case, the boy is not *cured*, and

is but ready for the only fit treatment. His difficulty was *varo equinus*, of the very worst form, still, had it not been for the raveling before referred to, he would not have required the dressing removed at all. You will notice the waste of this little fellow's limb, and it is not until the muscles are restored by friction, shampooing, electricity, etc., that he should be permitted to walk without some mechanical means to keep the foot in its normal condition. This shoe furnishes that means. It has a ball-and-socket joint opposite the medio-tarsal articulation, and also a joint at the ankle; it is not cumbersome, does not girdle the limb, thereby interfering with the circulation, and is arranged for the application of elastic power. Prof. Crosby has contrived a cheap and useful substitute by cutting through the sole of a common shoe just in front of the heel, securing the two parts by two wire links, thus furnishing movement at the medio-tarsal articulation. In putting on the bandage, great care should be taken to prevent strangulation, and in a little child, where the skin is tender, it is sometimes well to put on the bandage first, before putting on the plaster.

Case 2. Here, in this little girl, we have a case of *equino-varus* complicated with *genu-valgum*, or knock-knee, in the left leg. You will remember I divided, a week since, the tendo-achillis and plantar fascia, and then, in order to bring the knee straight, put a board on the inside of her thigh and bound it there by a rubber strap, and you will observe the good results derived from one week's application of continuous force. The child, the father says, has been perfectly quiet, slept well at night, and caused no trouble whatever, something unusual in the treatment of this complication.

We will examine now if the foot has sloughed. If I have made any mistake it will be your gain. We will first see how much damage has been done to this tendo-achillis. It is all perfectly beautiful. Now let us look at the other wound. You may all, perhaps, see this black line running across the bottom of the foot, which is the line of section of the plantar fascia, and you will perceive when I have her foot fully extended I make my point pressure and receive no reflex contraction in return, showing that the spasm has been entirely cured. The external wounds have healed, but I will cover them over with a strip of plaster for a few days longer, and instead of putting on the foot-board as I had it before, I now simply take a long strip of adhesive plaster, as you observe, commencing on the outer side of the dorsum of the foot, draw it over the inner side of the dorsum of the foot, then over the plantar surface, and finally up the outer side of the leg, pulling it well up on the calf, and secure with a roller.

The trouble in this child is going to be with the knee. She will require to wear an instrument for the purpose of everting the knee, which will, doubtless, have to be applied for many months. [The professor here adjusted a long, straight, leather splint, moulded to the outer side of the leg, extending from the trochanter to the junction of the lower and middle third of the tibia, well padded, and secured above close to the thigh, but below projecting some little distance from the leg. A strip of adhesive plaster was then fastened around the splint and leg at the knee, the patient's own feelings being the guide in tightening it, and over all was slipped an inch elastic band.]

Case 3. In this little babe, gentlemen, we have a case of double equino-valgus, which has been cut, followed by sloughing. One of the feet, however, has been straightened by the application of elastic force, and in the other I purpose dividing the tendo-achillis and plantar fascia. You probably all heard that snap (referring to section of plantar fascia), and if the young one will stop crying you will hear the snap of the tendo-achillis. Now the foot is very readily placed in position. I will wait, and watch this plaster a moment, to see if I have it too tight. You will notice I nick this strip running over the ankle, for when I bind the foot up it will require more room at that point than now. I am not at all surprised that the doctor had sloughing in this case, for notwithstanding I have divided this fascia and tendon completely, the integumentary and connective tissues are so tense that it is with great difficulty I can bring the foot into its proper position. I have brought it to a right angle, showing that it is possible, but content myself to reduce the parts to their normal condition by degrees. This is a complicated case, and I am glad that it has happened to be so, that your attention may be called again to the dangers of which I have warned you, and for which you must always be on your guard. I cannot restore it perfectly at once, and we must be content for the present with the good we have effected. Nor can I leave this child as long as

the one we had last week, before inspecting the dressing. It may be necessary to re-dress the foot within an hour, depending, of course, altogether on the condition of the circulation. If I put the bandage on too tight we may lose the foot.

COMMUNICATIONS.

CLINICAL OBSERVATIONS, WITH CASES OF DISEASES OF THE RETINA, AND ON THE USE OF A NEW REMEDY FOR THE TREATMENT OF AMBLYOPIA POTATORUM.

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In no department of the healing art has a more positive advance been made than in the knowledge of the various causes of blindness. Since the discovery and application of the ophthalmoscope, obscure diseases of the eye, comprised under the head of *amaurosis*, can now be so thoroughly understood that they are classified into those in which remedies are useful, nay, specifics, and those in which they are useless, even injurious; to say nothing of operative interference, in many cases so absolutely necessary to the restoration or preservation of sight. Divisions are now made into diseases of the several investing tunics, and tumors; viz, sclerotic, cornea, choroid, iris, ciliary body, retina (expansion of the optic nerve), vitreous humor, and crystalline lens, each portion being subject to particular diseases, with characteristic symptoms and appearances.

In this short paper we purpose to treat of some forms of disease of the retina, and commence by hinting at its anatomy and physiology The retina is the membranous expansion of the optic nerve found in the posterior surface of the eye, its posterior surface being in contact with the choroid and its inner surface with the vitreous humor. It consists of ten layers,* enumerating from within outward, according to Max Schultze, of elements of nerve tissue and connective or basis substance; but how they are respectively distributed has not as yet been made out. The optic nerve perforates the sclerotic a little to its inner or nasal side, at the so-called *lamina cribrosa*, and is next seen in a corresponding position, as the *optic disc*, which is generally circular in form, and of a grayish pink tint, frequently varying in shape, color and size. The vessels of the retina arise from the ophthalmic artery, and generally emerge from the central portion of the disc, or somewhat to the inner side of it, their number, mode of division and course varying, being constant only in this, that the principal branches run upward and downward over the retina, where the light pink arteries and purple veins may be distinctly seen with the ophthalmoscope. In the centre of the posterior part of the globe, to the outer side of the disc, is the yellow spot, or macula-lutea, in the centre of which is the fovea centralis, with which part we see most distinctly, and at which point the most vivid impressions are received. As there are only conducting, and no percipient elements in the disc, it constitutes what is known as the "blind spot."

The rods and cones of the retina receive the undulations of light, and by some molecular change communicate the impressions through the optic nerve to the brain, somewhat similar to the sense of touch. If, therefore, the surface of this beautiful and delicate film is impaired, clouded, or in any way altered, by inflammation or otherwise, it prevents that perfect passage, impression or conduction of the waves of light, and blindness more or less intense is the consequence.

Retinitis.

This name is given to one of the first changes, by inflammation, noticeable in the retina, and is frequently the result of exposure to heat and light, intense application or study, especially where the accommodation or refraction is defective, and often follows as a consequence of diseases of the choroid, ciliary body and iris. The abuse of alcohol as well as tobacco is a frequent cause, as well as such local causes as inter-cranial or orbital tumors; it is also dependent upon disturbances in the general circulation, as by affections of the heart or liver, or again, increase in intra-ocular tension (glaucoma).

If the fundus of such an eye be examined with the ophthalmoscope, there will be found an

* 1. Membrana limitans interna.
2. Layer of optic nerve fibres.
3. Layer of ganglion-cells.
4. Internal molecular layer.
5. Layer of internal granules.
6. External molecular (intergranular) layer.
7. Layer of external granules, including the external fibrous layer which exists in certain portions of the retina.
8. Membrana limitans externa.
9. Layer of rods and cones.
10. Pigment layer.

opacity covering more or less of the retina; the arteries generally show no particular change; the veins are, however, enlarged and tortuous, with now and then small extravasations of blood upon or close to them. Still later the serum becomes separated from the blood, this effusion into the vitreous almost covering the optic disc. Many other changes which mark the characteristics of the various forms of retinitis are too numerous to mention here.

The patients generally complain of a cloud or gray film before their eyes, which dimness is apt to increase, and, halo-like, surround objects more and more, until they become obscured. The external appearance of the eyes, nevertheless, remains the same as if normal and healthy. If properly treated by (cold) absorbents, rest, and salts of potash, with local depletion, there follows, in the course of a few weeks, the clearing up of the vitreous, the papilla once more being distinctly seen. The blood is soon absorbed, generally leaving, however, a deposit of pigment, a white cicatricial or atrophic spot, to mark its former site, and vision more or less perfect is restored. If neglected, intense inflammation, with great pain, generally follows, at times involving all the structures and totally destroying the organ. Be careful, in your examination of individuals of a dark and swarthy color, not to confound a natural increase of the pigment, and frighten your patient by informing him that he is about to lose his vision.

Retinitis Syphilitica.

This is another form of this disease, and is due to a certain morbid poison received into the system, for instance, syphilis, both hereditary and acquired, and is generally known as *retinitis syphilitica*, which I regret to say is becoming much more common of late, keeping pace, as it were, with wealth, indolence and vice. There is a great increase in the number of young men who now suffer from constitutional syphilis, and if it makes its appearance in the eyes, it is apt ultimately to assume the form just mentioned. We often see it accompanying secondary symptoms, following an iritis, choroiditis, or indo-choroiditis, and not infrequently involving the optic nerve.

Ophthalmoscopically the affection may be distinguished by the peculiar and characteristic appearance of the fundus, the several pictures, however, being most varied and interesting. So far as our experience goes, the iris has been the first portion attacked, and after the iritis has run its course (which latter we must here remark is very uncertain), the pupil dilates, and we are enabled to secure a glimpse of the interior (but we must not neglect in this connection to state one important diagnostic feature, that is, where circumcorneal redness remains persistent, after the other symptoms of an iritis have passed, we invariably suspect intra-ocular changes). The vitreous may be so clouded that we cannot obtain the faintest reflex, or else we see the fundus presenting the changes we are about to describe. The retina, particularly in the neighborhood of the disc, is of a bluish-gray color, not unlike the normal color of the retina of the colored race, with white or grayish-white stripes or bands running from above, downward over its surface; minute punctiform opacities, or irregular circumscribed spots or patches of a pink or gray color, sometimes snow white, and glistening, being seen upon all parts of the fundus. These spots or patches are frequently seen in clusters, from the disc to the periphery, at times encircling the yellow spot, and almost always surrounded by dark zones of pigment, or having a fringed indistinct outline of the same substance.

One peculiar feature of the disease is that these changes in the fundus cannot all be seen unless the cases are examined frequently, as they disappear and reappear from time to time, the sight fluctuating accordingly; nevertheless the skilled ophthalmoscopist can frequently make his diagnosis with no other than the above described appearances. If the acute process is not checked, the changes become permanent, and atrophy of the optic nerve is the result; it first swells, then becomes of a grayish color with punctured spots in its substance, the arteries at the same time becoming thready; still later the disc appears as a bluish-white spot, completely devoid of blood vessels, excepting one or two small twigs which may be discerned running over its edge.

In the other form, where the vitreous is so cloudy it veils the fundus completely, the opacity is due to the products of inflammation transudation, which, if properly treated, will be more or less absorbed, and then we may find changes similar to those described above. Although retinal hemorrhages are rare in syphilitic retinitis, yet they sometimes occur, as proven by a case of retinitis following syphilitic iritis that we have lately had under obser-

vation, where several large diffuse, and some small circumscribed hemorrhages were seen at the outer side of the periphery of the retina of one eye, over eight weeks after both vitreous bodies had been so clouded by exudation that neither disc could be seen, and nearly thirteen weeks after a violent iritis in both.

In treating syphilitic retinitis, we are powerless without mercury, which may be administered hypodermically, as the bi-chloride, one-sixteenth to one-fourteenth grain daily, or in pill form, as the biniodide, one-tenth grain three times a day, accompanied by inunctions of mercurial ointment night and morning; subsequently, we can use Zittmann's decoction, or the iodide or bromide of potassium, with tonics. The above mentioned remedies are useless, even injurious, unless the patient remains in a dark room, well clothed, and in bed most of the time, observing regular but not strict dietetic rules. Bodily as well as mental rest, we will again mention, as one of the most important and absolute elements in treatment.

Retinitis Potatorum.

One other form of inflammation of the retina is known as retinitis potatorum, and is induced by the abuse of alcohol, tobacco, etc. The following case, one of a number which have been treated by a new remedy, with observations, will, I trust, be found interesting as well as instructive. The action of alcohol, in whatever form, is, first, to lessen the action of the skin, and second, to divert the blood from the circumference toward the central organs. The pulse becomes fuller and harder, producing congestion of the liver, heart, brain, and consequently the eyes. The tendency of both these effects is to increase the vital processes, hence alcohol is of the greatest service when the body is feeble and exhausted, or injurious when the persons are young, of sound health, or plethoric habit. The tendency to congestion of the blood centres is shown by the post-mortem conditions of such internal organs, and by the fullness of the vessels of the head, eyes and face. Beer and wine are food, because they contain nutritive elements other than alcohol, but it has been shown that the latter is not transformed in the system, and does not enter into new combinations, but leaves the body almost unchanged.

It has been proven, by Dr. Percy, Edwin Smith, and others, that after alcohol has been given to rabbits, it was found unchanged in the brain and other internal organs, twenty-four and even thirty-six hours afterward, a fact opposed to the idea of change.

MM. Lallemand and Perrin, instituted special experiments from which they showed that after alcohol had been administered, it passed off by every outlet of the body for many hours, giving the reaction of alcohol. These experiments we have repeated, and have witnessed them in numerous instances. The action of alcohol is chiefly upon the sympathetic, and lessens its influence, while at the same time, in my own person, it always produces irritability, and unsteadiness in the action of the heart. Dr. B. W. Richardson, of London, from experiments and observation, has compared it to chloroform, only that alcohol is less fatal. It kills, however, large numbers of persons in England, and in this country the average number is about fifty thousand annually. Its method is very slow, indirect, and generally by painful diseases. As we have before stated, alcohol, when taken into the animal body, reduces the temperature, so that cold and alcohol, in their effects on the body, are closely allied. The experience of our Arctic voyagers, of the leaders of the great campaign in Russia, of the good monks of St. Bernard, and in our own army, proves that death from cold is accelerated by its ally, alcohol.

Alcohol becomes, therefore, a dangerous instrument in the hands of the wise and strong, and a murderous instrument in the hands of the foolish and weak. Used too frequently, used too excessively, the agent that in moderation cheers the failing body, relaxes its parts too extremely, spoils vital organs, makes the course of the circulation slow, imperfect, and irregular; suggests the call for more stimulation; tempts to the renewal of the evil, and ruins the mechanism of the healthy animal before its hour for ruin by natural decay (see Dr. B. W. Richardson, E. Smith). By its influence these organs are undergoing physical changes tending to the destruction of their functions, and to perversion of their structure. Thus the origin of alcoholic phthisis, of cirrhosis of the liver, of degeneration of the kidney and heart, of diseases of the membranes of the brain and spinal cord, and various modifications of organic portions of the eye, so often observed by the pathologist. Alcohol in its effects upon the eye and vision, we know has not received the attention which

its importance and frequency demands. In our clinic we frequently find cases where the eyes have become so thoroughly disorganized and diseased, that blindness is the inevitable result, while the number of those who suffer from more or less imperfect vision are very numerous. It occurs not only among the poor and illiterate, but frequently, to our sorrow, also among the refined, educated and wealthy.

As I have already stated, it assumes the form known as *amblyopia potatorum*. Our prognosis is good in this disease if the alcoholism has not progressed too far. Alcoholic amblyopia does not necessarily lead to atrophy of the optic nerve, but if neglected and the habit of drinking is persisted in, it will in time surely lead to total atrophy, nay, incurable blindness. In the latter stage of this affection benefit is sometimes afforded by hypodermic injections of one of the salts of strychnia.

N. W., aged 30, physician, was suddenly surprised, one morning in March, 1873, with almost entire loss of vision of right eye. When he came to see the writer there was a constant circle, of brown color by day, around the field of vision. At night this brown changed to red, and then to a bluish cast over any object whenever he attempted to use his eye. He has had but little pain; right eye slightly softer than the left; general health has been good, with the exception of some disease of the liver, with jaundice, for which he took a trip to Europe, etc., and since his return has been well, looks robust, ruddy and stout, but is much depressed with the lost or obstructed vision. He is married, and never had any severe sickness, but lost his father and an uncle with apoplexy. On inquiring into his habits, found he used both brandy and whiskey freely, the latter excessively, ten to twelve drinks each day, besides half a pint at bedtime; so, averageing these drinks at two ounces, he must take at least two pints and a quarter in the twenty-four hours; yet this he stated did not intoxicate him, but he could not sleep without his nightly potion. Eye looked normal, no injection of conjunctiva or sclerotic, good action of pupil, and no opacity of crystalline lens.

The examination with the ophthalmoscope revealed intense congestion of the retina, with effusion around the rim of the disc. Ordered him to give up his stimulants at once. To take ten grains of iodide of potassium three times a day, which was soon replaced by the bromide in increasing doses, from its known influence on the brain and nervous system, with absolute rest for the eyes.

March 14th. Patient has followed out directions to the letter. Arteries of retina not as full, but veins still too large, with here and there small deposits of pigment in the vitreous. The field of vision much clearer, no brown color now seen, only blue, and patient is very nervous.

April 29th. Vision so much improved that he can read without difficulty at ordinary distance. Reads No. III (Snellen). Ophthalmoscopic examination. A slight film is seen over retina and edge of disc, with hazy aspect.

May 11th. Treatment continued. Eye almost well; disc clear, and blue color gone, but suffers from bodily weakness; ordered one-sixtieth grain strychnine daily, to be gradually increased to one-thirtieth; this was to relieve the desire for stimulant.

October, 1873, met my patient in the street; says he is well, but if he indulges the least, has a return. He states that after attending a fatiguing confinement took about two ounces of gin, and in the morning had a slight return of his obstructed vision, which fortunately cleared away in a few days, by the use of the bromide, with rest and abstinence.

This interesting case was seen and examined by several ophthalmic surgeons of this city and New York.

I find within this month, November, 1874, a notice of the same agent, the bromide, being used by an Italian ophthalmic surgeon, with good success, but I consider I have the credit of employing the agent one year before Dr. Quaglino. The following are his remarks on the treatment:—

Dr. Quaglino (*Annale de Ottalmologia*, vol. iii, and *Gazzetta Medica Italiana-Lombardia*, March, 27th 1874) regards alcoholic amblyopia as a result of the abuse of alcoholic liquors. "Taking into consideration the sedative action of bromide of potassium on the nervous centres of reflex action, and its effect in reducing the action of the heart and lowering the temperature, and bearing in mind the contraction of the retinal vessels observed by Lewizki to follow its use, Dr. Quaglino determined to try the effect of this drug in gradually increasing doses. He began by giving fifteen grains in one hundred and seventy pints of water, and increased the dose gradually till toxic effects

began to appear. He relates seven cases thus treated; in some the cure was complete, in others the disorder was arrested, and in none was there a relapse."—*London Medical Record, May 27th*, 1874.

The writer cannot but desire to impress upon the hard working physician, not to neglect the use of the microscope and ophthalmoscope in deep-seated diseases of the eye and all obscure disorders of the brain and kidneys; for the neglect to use all these aids to form a correct diagnosis, he is culpable, and has not done justice to the life placed in his hands. The case about to be reported is an instance of such neglect; one of many which has come under the writer's notice during the last twenty-nine years.

Retinitis Albuminurica.

Was called June 14th, 1872, to visit Charles McG., age thirty-three, engineer, Philadelphia; born in Ireland, of healthy parents, both of whom are living; never was sick; sober; would only take his beer on Saturday night, never through the week. Had charge of an engine on Cherry street, in a double cellar; it was very damp, no ventilation except one place, where there was a draft, and he frequently had to ascend to this spot to cool his heated body; has been on duty for twelve months; four months ago he contracted, as he supposed, a cold, from this exposure, and he had a cough, which in spite of ordinary remedies was not relieved; he had also a constant pain in the centre of his chest, as if there was a swelling.

He has been under the care of a surgeon for two months, who he states benefited him slightly at first, but latterly he has been getting worse, so that the writer was sent for; he has now a constant pain over his left kidney, with entire loss of vision of his left eye, which he states only occurred six days ago; after a change of his medicine by his former physician. He returned home and went to bed, taking a dose of it (a mixture of quiniæ sulph., tinct. ferri sesquichloridi, etc.), and in the morning he found he was blind in the eye; he desired his mother to look at it, and the only change she noticed was that it was smaller. Has lost forty pounds; formerly weighed one hundred and sixty-seven pounds, now one hundred and twenty-seven pounds.

The writer made an examination, and found skin pale, slightly yellow, wax like color; eyes languid, and eyelids puffy; slight strabismus of left eye; has had a slight moving body, at times, pass in front of the right one. The temperature of skin lower than normal; feet and limbs dropsical; pitting on pressure; tongue slightly furred; pulse 108.

Examination of Chest.—Mitral disease of heart, with regurgitation; area of dullness in cardiac region four by six; loudest sound over sternum (aortic valves affected); dullness over posterior portion of lungs, both sides, but not marked. Respiration slow and labored.

Examination of Urine.—Of a slight brownish color, with delicate flocculi in it; by heat alone one half albumen was thrown down, separated, but not dissolved by nitric acid, and became brown.

Ophthalmoscopic Examination.—Left optic papillæ covered with patches of white atrophy, with retinal apoplexies visible all over. Right eye a definite cloud, with congestion.

June 17th, 1872. Examination of urine by Prof. James A. Meigs, with microscope, revealed hyaline casts.

This patient stated to the writer that his urine had never been examined until the present time, and no ophthalmoscopic examination of his eye had ever taken place. The friends of the patient were informed of the unfavorable character of the disease, but still clung to hope, and employed a physician who gave a more encouraging prognosis, but we were informed that dropsy gradually supervened, and he died in the course of two weeks from the time of our visit.

DISEASES OF CHILDREN.

BY DR. A. B. TADLOCK,
Of Knoxville, Tenn.

Notwithstanding the vulnerable condition of children under the age of five to contagious and many unavoidable diseases to which the grown, for various reasons, are less disposed, we venture to defend developmental life, and challenge errors of hygiene, maltreatment and parental neglect, to answer for the unnatural infant mortality, as is shown in all mortuary reports. If physical perturbations and aberrations do follow and belong to the evolutions of development and growth, the compensating vis conservatrix presides over the natural processes with conservative authority.

We propose, then, to examine some of the physiological and hygienic conditions which render the young peculiarly susceptible to certain diseases. Studying our subject, we una-

voidably observe a natural duality of conditions which dispose tender age to diseased action, the subjective and the objective. The first, and by no means least common conditions are incident to development–perverted nutrition and hygienic influences. The second are accidental and independent of the first, and offer infectious and contagious distempers. To make the contrast plainer and more definite, we would class, for example, the conditions giving rise to irritation and diarrhœa, with, sometimes, very ugly nervous phenomena, incident to teething, as subjective, the derangements following or falling in as the result of development. Then the objective would embrace those conditions by which the disease, measles, for example, accidentally, and generally at a very early age, is wont to follow or fall upon the child, as the result merely of former escape and its constitutional receptivity.

On account of this receptivity growing out of the objective condition and former escape, one, without the counteracting influence of vaccination, takes small-pox when exposed to its peculiar infection. Measles and mumps likewise attack subjects possessing the objective nature, as the only suitable ones for successful conquests. Subjectively the system tolerates many complaints besides developmental bearings, colds, pneumonia, etc. Truly there is a *vis viæ aut vis animæ* which appears to modify and sometimes defy diseased action, whether objectively or subjectively induced or invited.

The degree of prohibitive force is not only unequal in different individuals, but in the same individual at different times.

Case 1.—A physician was professionally exposed in the treatment of small-pox patients, in Nashville, in the spring and summer of 1862, without contracting the disease, but in Feb., 1863, in Cincinnati, easily yielded to its influence upon a single visit to a patient, not being in his presence more than half a minute. This case bore a good cicatrix of early vaccination, and had been again successfully revaccinated in the early part of 1862, yet he had a very severe case of varioloid, more or less confluent, leaving marks visible on the face and back for two or three years afterwards. Nature, we see, essays sometimes to effectually overcome even the objective disposition, and no doubt, under favorable and attainable influences, hygienic and physiological, she would be sufficient in the majority of cases to regulate the constitutional tolerance of all diseases. So that death in old age would be the rule, and in infancy the exception. Developmental complaints would be regarded wholly as health preserving agents, and others subjectively considered would almost if not entirely disappear from our nosological vocabulary. The value of preventive medicine and the object of medication and treatment in this light become more clearly defined; cherish and try to secure the favorable and attainable influences, discarding the empirical notions that medicine is everything, and that nature, God, and the universe are nil.

The etiology of croup and whooping-cough is not satisfactorily understood, and though the latter seems to be infectious, and makes but a single attack upon the same individual, they both belong to childhood almost exclusively, the former after the first year, the latter after the cerebro-physical relations are established more perfectly; hence we believe these to be of developmental origin, whose objective features are wholly secondary and entirely due to subjective evolutions. In reference to this idea of whooping-cough having a cerebro-physical relationship with spinal complications we copy

Case 2.–A colored girl, eight years old; "been treated three or four months, by two or three doctors, for whooping-cough, but nothing did her any good, and she was getting worse all the time," were the words of the anxious mother, as she entered my office to seek further advice. Her cough was almost identically that of whooping-cough, only the spasms were more frequent, without any intermission of the dyspnœa. Upon examination, I discovered a slight protuberation of the second dorsal vertebra. In two or three days the child died, and post-mortem revealed a total destruction by caries of the body of said vertebra, with a partial loss from each of the adjacent ones. By continuity of parts the inferior cervical ganglia, which communicates directly with the pneumogastric, became affected, and thence by the recurrent laryngeal and other connecting branches produced the spasmodic whooping characteristic of the pathology. But it is not our purpose here to argue the pathology of croup and whooping-cough, only to suggest that their constitutional tolerance is subjective, and consequent to development, with natural life forces designed to regulate that tolerance to the safety and perpetuity of every human being, otherwise life would be the sport of nature and the creation.

If the vital activity of the nervo-vascular and musculo-nutritive powers do predispose the young to accidental and incidental maladies, they likewise furnish relative eliminating and prophylactic forces, without which the perils of primitive life would put beyond question the mortal conquest at a much earlier age in our struggle for existence: Wherever, in the cycles of biology, nature ordains weakness she likewise orders compensatory strength. If developmental processes, as in dentition, institute derangement, nature follows quickly with healing in her wings. "Death in childhood is an unnatural event." Nature essays to perfect every creation, evolution and development, from the planting of the embryonic germ-cell to the full man in his prime and in his declining years. Were it not so, the contingency of human existence would seem quite problematical. With equal hygienic advantages and competent parental care, we doubt if the developmental period under five years of age should be the most hazardous of human life. Why, then, all this infant mortality? Why so little concern for a subject of so great interest and importance to parents and peoples? In the face of figures and facts, instead of the constant drifting of population to urban homes, would it not be more natural for parents to flee with their little ones to the mountains?

Editorial Department.

Periscope.

Some Neuroses of the Larynx.

Dr. James Sawyer, physician to the Queen's Hospital and to the Children's Hospital, Birmingham, writes to the *British Medical Journal*:

If we exclude laryngismus stridulus, a disease which I do not propose in any way to consider, by far the commonest nervous affection of the motor system of the larynx is that which Dr. Mackenzie has called "bilateral paralysis of the adductors of the vocal cords," and which has been long known, or at all events probably designated, by a variety of names, to wit, functional aphonia, hysterical, aphonia, paralysis glottidis, etc. Of the sufferers from this disorder, a very large majority are hysterical women. I use the phrase, "hysterical" in its ordinary and well known acceptation. In this form of aphonia, I believe that there exists in most cases, perhaps in all, some definite pathological change in the larynx, such as congestion or chronic inflammation of the mucous membrane, of very moderate intensity, and that the phenomena arising from this trivial local lesion become, under the influence of the hysterical condition, whatever that may be, exaggerated, distorted, transformed, and multiplied. The muscles at fault are the two crico-arytænoidei laterales and the arytænoideus proprius, those muscles which approximate the vocal cords and the arytenoid cartilages. These muscles fail to sufficiently respond to *ordinary* efforts of the will. The subjects of this disorder are generally young, nervous, weakly women. They cannot speak above a feeble whisper; and this condition often lasts for years. It sometimes comes on quite suddenly; it frequently dates from the hoarseness of an ordinary cold, the impairment of the voice remaining and increasing after the original catarrh appears to have passed away. When we examine with the laryngoscope, and direct the patient to say "Ah," we can see that the vocal cords, lying widely apart, either do not move at all, or move only to a slight extent during the attempt at vocalization. We usually see no other morbid condition beyond, in some cases, a little pallor of the mucous membrane; in others, slight hyperæmia. The reflex movements of the cords are generally unimpaired; during coughing, the cords may be often observed to move freely. Laughing is sometimes ludicrously noiseless. I must not omit to draw attention to a very curious symptom which is frequently met with in these cases; viz., anæsthesia of the epiglottis. We may pass an index-finger over the patient's tongue and tickle her epiglottis, vigorously and for some moments, without causing spasm, choking, or any uneasiness whatever. I have demonstrated this condition over and over again. This strange symptom was pointed out some time ago in one of the medical journals, but I regret I am unable to refer to the article. I am quite sure that, in many of these cases, a blunted sensibility of the mucous membrane of the throat extends far beyond the epiglottis, and involves more especially the pharynx and palate. Any one who has had much practice in laryngoscopy knows how well these throats tolerate the laryngeal mirror; a beginner with the laryngoscope can have no better subject to practice upon than a good-natured woman with functional aphonia. Limited anæsthesia in other localities has long been known as an occasional manifestation in hysteria.

The prognosis in these cases of voicelessness

is nearly always favorable; we may usually confidently predict a cure.

In treating such a case, we ought to aim at improving the general health as much as possible. Any hyperæmic or inflammatory condition of the laryngeal mucous membrane ought at once to be remedied. I know nothing better for this purpose than the frequent application of a solution of nitrate of silver to the interior of the larynx. This stimulates the parts, and so favors the nutrition of the affected muscles, which may have become seriously deteriorated by prolonged inactivity. These measures alone suffice in many cases; when they do not, in local faradization we possess a very effective remedy. For its application, I can confidently recommend Mackenzie's apparatus. One pole should be applied to the neck, over the thyroid cartilage, and the other, with the aid of the laryngeal mirror, to the vocal cords. Complete restoration of the voice and complete control over the adductors of the cords is often the instant and lasting result. Mr. Durham relates a case in which the introduction of the throat-mirror alone was attended by immediate recovery from aphonia. In many instances, the voice is only gradually regained under the frequent and long-continued use of faradization. How the remedy acts in these cases I cannot say; I can only repeat what I wrote on this subject some time ago; viz., that, in faradization in this kind of aphonia, we probably frequently have nothing more than a convenient agent for "filliping" the dormant muscles and defective will into normal relationship. I cannot too strongly urge the importance of a due attention to what may be called the psychical elements of treatment. The medical attendant ought to cheer his patient with the confident prediction of a speedy recovery; he ought to secure her cordial co operation in the measure he advises, and encourage her to make every effort to regain control over the affected parts. I have spoken of these patients as women; but one of the most marked cases of this affection I have ever seen was that of a stalwart, healthy-looking man.

Foreign Body in the Œsophagus.

The Paris correspondent of the *British Medical Journal* says:—

At the Surgical Society, M. Duplay communicated the case of a man, aged 62, who had been a patient in the Hôpital St. Antoine. He stated that, the day before his admission into hospital, on September 25th, the man had swallowed a small piece of bone with his soup, which was evidently stopped in its passage in the œsophagus, as he complained of severe though ill-defined pains behind the sternum. The house-surgeon introduced a probang, which was stopped by an obstacle about nineteen *centimètres* (about seven inches and a half), measuring from the middle incisors of the upper jaw; but, with a little manœuvring of the instrument, he passed the obstacle, and was in hopes that, in withdrawing the probang, the obstacle would be removed. In this, however, he was disappointed, and M. Duplay then introduced on the following day the tube of a stomach-pump, but not with more success than his assistant: the instrument passed the obstacle, but brought nothing with it on being withdrawn. M. Duplay then introduced another tube with an olive-shaped extremity, which passed easily into the stomach; the patient could swallow easily both solids and liquids, but the obstacle was still in the gullet, as he continued to feel the pain complained of at the commencement. M. Duplay, however, was disposed to believe that the bone had been removed by an emetic the patient had taken the day previous to his admission. On September 28th, symptoms of dysphagia set in, which was attributed to spasmodic contraction of the œsophagus, and, on the 30th, the patient died with symptoms of broncho-pneumonia, complicated with pleuritis. At the necropsy these symptoms were verified by the lesions found in the lungs, which were also highly congested. At five *centimètres* (two inches) from the superior extremity of the œsophagus, a fragment of bone of a triangular shape was found lodged in it: it had perforated the organ at a level with the fourth dorsal vertebra and almost in immediate contact with the arch of the aorta, from which it was separated by only one *centimètre* of cellular tissue. This interesting case gave rise to a warm discussion as to the proper measures that should have been employed, and it was decided that œsophagotomy offered the only chance of saving the man's life. M. Trélat, however, was of opinion that, before resorting to such a serious operation, especially in the absence of rational and physical signs, explorations ought to be made with a sound of sufficient calibre to completely fill the œsophagus, as with a smaller instrument one is likely to pass over the obstacle, as in the case under notice. Moreover, a stouter instrument would be useful in overcoming the spasmodic contractions of the œsophagus caused by the presence of the foreign body, which, under such circumstances, is generally found imprisoned in the organ, which, sooner or later, becomes ulcerated or perforated. It is, therefore, of the utmost importance that a proper diagnosis be made as early as possible, in order that decisive measures, as œsophagotomy, may be resorted to at once, after having given all other means a fair trial.

On Examination of the Heart.

Dr. G. W. Balfour, in the Edinburgh *Medical Journal*, remarks:—

From the formation and position of the heart, it is obvious that, though we can and may percuss out the whole of the cardiac dullness, this is quite unnecessary; it is only of importance to ascertain its greatest extent of dullness vertically and transversely. Increase of the vertical dullness rarely indicates any alteration in the size of the heart itself, but is usually either due to hepatic enlargement, readily ascertained by

an extension of these exploratory methods to the liver itself, or to pericardiac effusion—the former dullness, as a rule, extending below the sixth rib, the latter above the third; while a simple change of position of the heart, which may arise from various causes, is indicated by a transference of the normal dullness upward or downward, without any change in its extent. The apex-beat, except in certain abnormal conditions, is, from the formation of the heart, the part which extends furthest to the left, and being, as a rule, perceptible to the touch, only requires to be percussed out in those exceptional circumstances where the true apex beats beneath a rib, and not in an interspace. The right auricle is, of course, that part of the heart which extends furthest to the right, and being extremely dilatable, and readily influenced by any obstacles to the onward flow of the blood, transverse dullness about the level of the fourth rib comes to be an important indication of some obstacle to that onward flow, and therefore of enlargement of the heart chiefly in its auricular region. These, therefore, are the chief points in regard to which we look for important information from the percussion of the cardiac dullness. Increase of dullness above the third rib indicates, as a rule, pericardiac effusion. Increase of the transverse dullness at the level of the fourth rib indicates obstruction to the circulation. If the apex-beat be displaced to the left and downward, the obstruction is probably aortic, and has primarily influenced the left ventricle; if the apex-beat be not displaced downward, the obstruction is either mitral or pulmonary in its origin.

The Use of the Tow Pessary.

Dr. Martin says, in the British *Medical Journal*:—

In August, 1873, Mrs. A. requested me to attend her. She complained at that time of great pain across her loins and a bearing down of the womb. Upon inquiry, she informed me that she had had a family; that her last confinement was a tedious one, requiring the use of instruments; and that all her former cases had been good ones, requiring but little attention from her medical attendant. Upon examination, I found the uterus a little extruded, being easily returned, but at once extruded after the removal of the fingers from the vagina. I advised her to rest in bed or upon her couch for the time being. On the morrow I called to see her again, and for the want of a proper pessary, I placed a quantity of tow, covered with a piece of well-greased lint, within the vagina, having previously returned the uterus to its proper position. I called again the third day, and found my patient much better, almost free from pain, and no extrusion of the uterus. I removed the pessary, and replaced it by a fresh one made in the same way as the first. After the lapse of three or four days, I again removed the tow, replacing it this time by a mass shaped after the manner of the oval boxwood pessary, covered with gutta percha tissue in place of the lint. This I allowed to remain for four or five days, requesting my patient to try to remove it herself if it should cause any pain. During the time she was wearing the pessary, I advised her to walk as little as possible, and to rest upon her couch most of the day. To regulate the bowels, I gave one or two compound rhubarb pills at bedtime occasionally, and as a tonic, a little quinine and iron three or four times daily. I continued this treatment for a few weeks, to the great relief of my patient. She now goes about her duties as a housewife with ease, at times only feeling a little pain across her back, but no sign of any prolapse. Should a similar case come under my care, I shall adopt the same plan of treatment.

On the Local Use of Tannin.

Mr. Thomas writes to the *British Medical Journal*, on concentrated solution of tannin as a styptic. I have used it for some years, as a topical application, in various diseases, though rather as an astringent than a styptic. To prepare it of full strength, an ounce of perfectly fresh tannin must be mixed with six drachms of water, in which it readily dissolves. The solution is a thick fluid, of the color and consistence of treacle, which keeps much better than tannin itself.

Most of the tannic acid found in shops contains a large proportion of gallic acid, and will not yield a very strong solution. But, if an ounce of old tannic acid be mixed with two ounces of water, a tolerably strong solution, which answers for many purposes, may be decanted off after subsidence.

The strong solution of tannin is a most powerful astringent, almost free from irritating properties. It is one of the best dressings for wounds, far superior to collodion, and even less irritating than the styptic colloid, which it somewhat resembles. If applied by a brush and allowed to dry, it soon forms a pellicle which excludes the air, and gives ease to pain. It may be applied to almost any form of ulcer, and to wounds after amputations or other operations, especially when not very deep. It answers well, for instance, after the operation for hare-lip, painted over the pins and threads, in the same way as collodion is sometimes used.

In a female, aged twenty-six, the hair was caught between rollers and the whole scalp removed to within an inch of the left eyebrow, and two inches from the right, round on a level with the tips of the ears to about the external occipital protuberance, the periosteum being extensively removed at the vertex. There was much suppuration, followed by erysipelas. After three months, exfoliation of bone occurred, and skin-grafting was performed, first with eleven grafts, and, six weeks subsequently, with twenty-one. After varied treatment, antiseptic and other, little progress was made, till, nine months after the accident, strong tannin solution was applied. Discharge and fœtor dimin-

ished at once, and the healing process went on more quickly than before. Tenderness diminished, and the general health improved rapidly for the first time since the accident. The wound, eighteen months after the accident, was about half its original size, and the discharge trifling. The patient does household work, wears only a thin cap, and is little worse for the accident, generally or locally.

Strong tannin solution applied to the ulcerated skin of ingrowing toe-nail at once removes pain. After one application, the offending corner of the nail may be readily raised, a little lint inserted underneath, and the nail allowed to grow up. Among many cases, I have in this way cured one in which evulsion, twice performed, had proved only a temporary remedy, the disease being reproduced each time the nail grew up. For cracked nipples, this solution, diluted with an equal quantity of water, is the best application, and corresponds to the tannin solution commonly used for this purpose.

Enlarged tonsils may be reduced by daily brushing with this solution. This treatment, though vastly inferior to extirpation, or even to the application of potassa cum calce, is painless, and therefore, in some cases, useful.

Bleeding warts may be readily removed by this application, as also by the perchloride of iron. I have found the former to readily reduce the granulations from an unhealed umbilicus in an infant.

Skin Eruption in a Child, Caused by Bromide of Potassium Taken by the Mother.

Dr. Tilbury Fox reports this case in the *Lancet*:—The following case illustrates a fact that has not, as far as we know, been hitherto recorded. As is well known, bromide of potassium sometimes produces an acne-like eruption on the skin of the person to whom it has been administered; but it has not, we believe, been known to cause such an eruption on a child suckled by a person who is under its influence.

E. W——, aged three months, born on December 1st, was sent to the out-patient department of University College Hospital on Saturday, March 14th, by Dr. Glover, with a curious eruption, which at first sight seemed to be a probable result of vaccination. The child was vaccinated on February 10th, and the vaccinia ran its usual course in six places locally. About six days afterwards, the child being perfectly well at the time, there appeared about the cheeks a few pimples, which soon ran one into another. Then more spots came on the arm; and one of the vaccination marks became red and inflamed, and rose up into a little pustule, and finally covered the whole scar. Pimples then came upon the legs and buttocks, and have gradually increased to the present time. When the child was first seen at the hospital it presented the following appearance:—It was well-nourished, plump, and by no means cachectic; and it did not look ill. Its complexion was somewhat dull-looking, and the child had a semi-bronzed appearance about the face. At the seat of vaccination were recent scars, of usual aspect, except in one spot, which was prominent, the size of a split-pea, and had an indurated inflammatory base and a flattened top, presenting the appearance of a pustule just beginning to dry up. On close inspection it seemed as though a milky fluid was contained, at least as a superficial layer, beneath the upraised cuticle. A similar spot was observed under the chin, and a third on the forehead; on the right cheek were several acne-like places, and on the left cheek were four or five reddened patches, one the size and shape of half an almond, two lines or so in elevation; a second the size and shape of a fourpenny-piece, and two others much smaller. The patches were of a dullish-red hue, and on close examination were seen to be studded over with minute openings beneath a superficial layer of cuticle. These openings were the mouths of the hair-follicles of the skin. The patches were seen to be made up of a congeries of congested and closely packed sebaceous glands, from which had escaped a certain amount of sebum, which still formed the superficial layer. It was this appearance that gave the clue to the eruption. In some parts of the patches there was a speckled appearance, produced by the escape of milky-looking sebum, and by its confinement beneath the scales on the surface of the patches. The patches were not painful. On the left arm were some very large acne spots dying away. On the buttocks were about a dozen large spots of well marked pustular acne, in various stages; there were a few similar spots on the back of the legs. The hands and feet were free from all trace of the disease. The anus was healthy. There were no moist tubercles about the mouth or elsewhere, and no other signs of constitutional syphilis. On inquiry, the mother stated that the patches on the face developed out of the acne-like spots by the crowding together of a number of them.

Abnormalities of the Pulse.

Dr. George Balfour, in a clincial lecture on diseases of the heart, in the *Edinburgh Medical Journal*, says:—

"In further examining the condition of our patient, we first feel both radial pulses simultaneously, noting whether the arteries are firmer or more tortuous than usual (atheroma). If there be a marked difference between the two radial arteries, we feel both brachials simultaneously; if these be equal, the difference between the two radial arteries is due to irregular distribution. If the brachials differ, in all probability there is some abnormal physical cause to account for it, possibly an aneurism. Should the radial pulses be equal and regular, but small and feeble, we elevate the wrist to a level with the head, if the patient be sitting or standing; if lying, we elevate the arm to its full length perpendicularly to the body. Should the pulse then become extinguished. or nearly so, the patient is anæmic, and possibly anæmia

is his sole disease; but we must never, under any circumstances, rely on one symptom, however apparently trustworthy, but merely note it as an aid and a guide in our further investigation. Should the pulse, after elevation of the arm, remain still small and feeble, but distinct, the cardiac disease, if present, is mitral. Irregularity of the pulse confirms this suspicion; extreme irregularity points to the probability of the affection of the mitral valve being constriction rather than dilatation. Should the small, feeble, and possibly irregular pulse remain not only distinct after the elevation of the arm, but become more so, the systolic impulse being followed by such a sudden and complete collapse as to render the impulse apparently more marked, then we have to do with a double lesion, a mitral and also an aortic regurgitation. This form of pulse is, however, not always well marked, in many cases is not easy of detection, and is therefore not to be relied upon, unless the collapse is distinct. In simple aortic regurgitation, however, the peculiar sensation conveyed to the finger, and well-known by the terms hammer, or Corrigan's pulse, is usually well-marked, and frequently so greatly increased by elevation of the arm as to become almost painful, and wholly unmistakable."

Algidity in Strangulated Hernia.

At a recent meeting of the Société de Chirurgie, says the *Times and Gazette*, M. Demarquay brought under notice the algidity observed in the subjects of strangulated hernia, his attention having been originally drawn to the subject by having had brought into the Maison de Santé a man who was supposed to be dying of cholera, which was then prevailing epidemically. He was vomiting, and in a state of almost complete cyanosis. M. Demarquay, observing that the vomits were not choleraic, but stercoral, rightly diagnosed strangulated hernia, as the event proved. Observing so considerable a depression of the general temperature in this case, he investigated the condition of the temperature in other cases, and found that it was sometimes increased and sometimes diminished. This difference he felt disposed to attribute to the difference in the seat of the strangulation, having observed that the greatest depression of temperature took place when the strangulation occupied the upper portions of the small intestine, this being probably due to the abundance of the nervous supply for these parts. He instituted experiments on dogs, producing constriction at different heights of the small intestine; and he found, in proportion as this influenced the parts nearer the duodenum, the consequent depression became more or less considerable. He therefore believes that the modification of temperature observed in these cases depends more on the seat of strangulation than on any other cause.

M. Verneuil observed that he had engaged in this investigation since M. Demarquay had done so, but had not arrived at quite the same conclusions. At his request, M. Terrilon, one of the ablest of the anatomical demonstrators, submitted the intestines of seven or eight dogs to very firm constriction without observing any depression of temperature. So, too, with regard to the influence of the seat of the stricture, M. Demarquay's remarks are not secure from criticism. Last year a patient was brought into Lariboisière complaining of fearful abdominal pains, there being vomiting without stools, while the abdomen was absolutely depressed. The temperature was only some tenths above 32° C. (95° F.), the algidity being such as is met with after very abundant hemorrhage or the most violent traumatism. From the sole fact of the great depression of temperature, M. Verneuil did not hesitate to diagnosticate a hyperacute strangulation of the intestine. The patient having rapidly sank, it was found at the autopsy that there was a strangulation occupying at least twenty-five centimetres of the large intestine, the sigmoid flexure being in a livid state. So marked was the strangulation that it might have been supposed to be produced by a tightly tied ligature. M. Verneuil is of opinion that the sole fact of a notable depression of temperature is in certain cases a precious means of diagnosis, enabling us to distinguish with certainty strangulated hernia from simple intestinal obstruction; but it is evident that at present we are ignorant of the laws which regulate these modifications of temperature.

Reviews and Book Notices.

BOOK NOTICES.

Proceedings of the Medical Association of the State of Arkansas. Fifth Annual Session. Little Rock, 1874. pp. 43.

This rather slim pamphlet is made up of the minutes of the meeting, the address of the President, Dr. E. R. Duval, of Fort Smith, who touches on medical legislation, criminal abortion, and medical education; a case of compound fracture of the femur, tibia, and fibula, described by Dr. J. A. Dibbrell, Jr., of Little Rock (also in this journal, Aug. 15th, 1874); a case of encephaloid cancer of the bowels, by the President; an instance of complicated epilepsy, by Dr. J. E. Bennett; one of cerebro-spinal fever, also by the President; molar pregnancy, by Dr. Alfred Dunlap; complicated fracture of the humerus, by the same; and a remarkable case of elephantiasis, described by the President, to which we referred on a previous occasion.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 19, 1874.

D. G. BRINTON, M.D., Editor.

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CONSIDERATIONS ON CLIMATES.

Year by year the mass of physicians are becoming more and more convinced that the generally unsatisfactory condition of therapeutics is owing, more than to any other one cause, to the unfavorable surroundings of patients. What good can we expect drugs to do in a case of cholera infantum in a foul city slum, with the thermometer at 90°, with thin milk from diseased distillery cows as the infant's food, and when half a dozen other children are crammed into the family's one room? Yet this is a scene which every physician witnesses daily, in this city, in July.

As a fashionable New York practitioner once remarked to us, there is no satisfaction in attending poor patients; not only is the pay insignificant, but one becomes disheartened with one's ill-success. The rich can summon to their aid the accessories of hygiene, and this gives them an immense advantage in the struggle for life, and throws much also in favor of the proper action of drugs.

One of the most important of these accessories is climate; and in spite of the fact that it has received so much attention, it remains a matter of difficulty to advise upon it knowingly. Tens of thousands of persons migrate every year from this city, alone, either to seek warmer winters or cooler summers. The question they all ask their physician is, whither shall we go? He generally answers at a venture, and gets the credit of a chance success.

Now, without attempting to enter at all thoroughly into this vast subject, we shall state a few characteristics of the climates most suitable for invalids, the feeble, or the aged. There are, indeed, some diseases to which these general remarks will not apply, but we have in view the majority.

The first element of health in a climate is *dryness*. Intense heat and intense cold can be borne easily if there is little moisture in the atmosphere. In some Turkish baths—that in Jermyn street, London, for example — the

hot-air chamber is 232° Fah., twenty degrees hotter than boiling water, yet one can support this temperature for many minutes, on account of the dryness of the air. In the Colorado and Arizona valleys, many summer noons register 110° to 120° Fah.; but for the same reason the heat is not debilitating, and sunstroke is unknown.

On the other hand, a damp cold air is notoriously apt to produce catarrhs and other bronchial affections. It has been statistically proven that the damp east winds increase functional disorders of the liver, and thus depress the spirits and render the temper more irritable. The exhaustion felt in the moist warm days of August is well known. A marked disinclination to exercise when the air is nearly saturated is noticed in every gymnastic class.

The next important feature is a *limited range.* This is far more important than the actual temperature itself. Indeed, a careful study of the subject will convince any one that the temperature, providing that it is not a very unusual one, is of very little moment. Providing that it is not very variable, not subject to rapid fluctuations, it matters little whether it be low or high.

To be more definite, we mean by a limited range, one within 20° in the twenty-four hours, and never greater. This is liberal enough. At Callao the annual range is 12°; at Santa Cruz the diurnal range about 8°; at Miami river, Fla., the annual range is about 40°.

These are the two leading features of a model climate; and it is annoying to consider that very many thermometrical records give us no information about them. The *rainfall* is generally given; but this is no kind of test of the humidity of the atmosphere; nor does the daily, monthly, or annual mean temperature throw any light on the second point. A medical weather record should show the diurnal maxima and minima on both the dry and wet bulb; the rainfall; the state of the sky (clear or overcast); and the direction and force of the winds. These observations, properly digested, enable one to know how the climate will affect an invalid.

Analyses of the air of a locality have so far been of no medical utility. A current prepossession in favor of "the balsamic atmosphere of the pine woods" prevails as a prejudice rather than a proven fact. The rarefied atmosphere of mountain tops is just now highly popular for phthisis, as, some thirty years ago, the salubrious air of the nitre caves of Kentucky had its turn in general favor.

Ozone, which for a while seemed to be the desirable element, has fallen quite into disfavor, and even suspicion. It seems to have, on divers occasions, kept suspicious company with traveling epidemics.

The question, we think, narrows itself down, *ceteris paribus*, to a stable climate of slight humidity. Of course, there are certain diseases, especially of the circulatory and nervous systems, prone to over-stimulation, wherein this rule will not apply; but these constitute the small minority of health seekers.

Notes and Comments.

Camomile and Arnica.

These famous ancient remedies have fallen much into disuse. But a reviewer in the *Practitioner* says:—"We have been steadily trying the camomile oil. We can assert that this is a very powerful drug, and in many cases of heightened reflex irritability has proved of great service. In a very unusually severe case of mingled chorea and epilepsy in a middle-aged man, we have recently put camomile to what may be called a crucial test; and although the disease was necessarily incapable of complete cure, the amelioration has been very striking, and has been warmly acknowledged by the unfortunate patient."

Dr. Thorowgood, in a late work, points out that the erysipelatoid eruptions, etc., which have discredited arnica as a remedy for bruises, have been caused by lotions made with the alcoholic tincture: and he expresses the opinion that a great blunder has been habitually committed by those who have employed alcoholic

solutions of arnica for this purpose. The really active ingredient he considers to be trimethylamine, which has of late been attracting so much attention abroad. Now, alcohol extracts hardly any of this substance. but it is perfectly soluble in water: and on the other hand, the spirit does extract arnicine and an irritant oil, which are not present in the aqueous solution.

Procedure to Check Hemorrhage.

Dr. Vanzetti, the well-known surgeon of Padua, has just published a pamphlet, wherein he advises the following procedure to stop troublesome bleeding:—Two vulsella should be thrust on either side of the bottom of the wound giving blood, and deep enough to compress in their hooks the vessel which has been wounded. The hemorrhage may be stopped by drawing the lips of the wound asunder, just as is done for the removal of an ordinary tumor. This operation should be kept up for twenty-four, thirty, or forty hours, according to the size of the artery; and a thread, either elastic or not, should be passed under the seat of the hemorrhage.

Mr. Erichsen on American Surgery.

On November 9th, Mr. Erichsen delivered an address in London, on his impressions of American surgery during his late tour in this country. It is in general favorable, as may be judged from the following extract:—

Surgery in the United States certainly stands at a very high level of excellence. The hospital surgeons throughout the country have struck me as being alike practical, progressive, and learned in a very high degree. In practical skill, and aptitude for mechanical appliances of all kinds, they are certainly excelled by no class of practitioners in any country. They are thoroughly up to modern surgery in its most progressive forms, and I have never met with any class of men who are so well read and so perfectly acquainted with all that is done in their profession outside their own country. It would be a great injustice to American surgeons for it to be supposed that surgical skill is confined to the large cities, or to the few. On the contrary, I know no country in which, so far as it is possible to judge from contemporary medical literature, there is so widely diffused a high standard of operative skill, as in the country districts and more remote provinces of the United States. The bent of the mind of the American surgeon is, like ours, practical rather than scientific; in fact, there are the same mental characteristics displayed in him that we find here; the same self-reliance, the same practical aptitude, the same *curative* instinct, which leads him to consider his patient rather as a human being to be rescued from the effects of disease or injury, than as a scientific object to be studied for the advance of professional knowledge. How, indeed, can it be otherwise than that there should be such a resemblance?

Trichina in American Pork.

We see in the *Allgemeine Medicinische Centralzeituny*, Oct. 14, that Dr. Röper has examined a number of American sugar-cured hams sent to Germany, and finds three per cent. of them trichinous. Twenty people were sickened in Bremen, this fall, by these hams.

Influence of Chloroform in Labor on the Fœtus.

The Doctor mentions that Dubois says that when the mother is put under chloroform the fœtal heart is made more rapid. Dr. Zwefel, of Strasburg, gave chloroform for fifteen minutes to a patient, and she was confined two hours subsequently. The afterbirth had distinct reaction of chloroform in it. He also found chloroform in the urine of the child.

Mercurial Ointment in Boils and Carbuncles.

Dr. T. Roth lauds, in the *Deutsche Klinik*, the local application of gray ointment in boils and carbuncles, especially the early stages. He anoints the affected part with the ointment four times daily, and thereby reduces the inflammation and "backens" the boil most satisfactorily.

A Cure for Bright's Disease.

Dr. Hegswald says, a half pint thrice daily, of a fresh infusion of the leaves of *Asplenium Scolopendrium*, L., is a most successful treatment in Bright's disease. This is the hartstongue or spleenwort, and is said to be popular in Devonshire and elsewhere, for its medicinal virtues.

Tyndall off the Track Again.

Prof. Tyndall has, of late, a dangerous facility for running off the track. First he rushes into the theological arena with a materialistic theory; now he hastens to the London *Times* with a

most positive statement that typhoid fever is not spontaneously generated by the decomposition and putrefaction of animal and vegetable substances, but is propagated solely through the medium of matter which has already been in contact with a typhoid patient. The "living human body is the soil in which the specific poison of typhoid fever breeds and multiplies."

Of course, he is now as thoroughly pummeled by English sanitarians as he was a month or two ago by the divines. Deservedly so. *Ne sutor ultra crepidam.*

Correspondence.

Atmospheric Pressure in Obstetrics.

Ed. Med. and Surg. Reporter:—

I was shown, a few days since, an instrument invented and perfected by Dr. H. L. Stillman, of Usquepaugh, R. I., for use in place of forceps in cases of childbirth delivery, by means of atmospheric pressure (suction). The instrument is composed of a peculiar constructed elastic cup, an air pump and side dilators. The elastic cup fits to the vertex or other favorable presenting portions of the child; the air being exhausted from this by means of the pump, holds firmly to the parts attached; the pump connected with this serves for exhausting the air from the cup, also as the handle for traction. The side dilators slide upon the barrel of the pump, and are expanded or contracted at will. They serve to let air in on the full surface of the cup, thereby increasing the atmospheric pressure; also to dilate the vagina, to render an easy passage of the head or other parts presenting.

Its advantages over the forceps are these: 1st. From its peculiar construction it is much quicker and easier introduced. 2d It causes no pain or suffering to the mother, and is devoid of the dangers of the forceps. 3d. In vertex presentations (others of the head are rare) it has thus far proved to be devoid of danger to the child. 4th. It does not increase the transverse diameter of the head, the forceps do. 5th. From its easy introduction, without pain, its use is much oftener indicated than the forceps; any intelligent practitioner may use it. 6th. Not increasing the diameter of the head, but dilating the passages for it, it thereby facilitates a much easier delivery. The surface of the atmospheric pressure is about seven inches; allowing twelve pounds to the square inch, the full pressure on traction is eighty-four pounds, though usually requiring much less than this.

Providence, R. I. C. A. H.

[The idea of employing atmospheric pressure in this manner was first suggested by Sir James Y. Simpson. Practical difficulties of detail prevented its adoption. Ed. Reporter.]

How do the Spermatozoa Enter the Uterus.

Ed. Med. and Surg. Reporter:—

In a communication to the *American Journal of Obstetrics*, November, 1874, "How do the Spermatozoa enter the Uterus," by Dr. I. R. Beck, of Indiana, he quotes from Dr. Wernich, of Berlin, as follows: "I hope to be able, in some future paper on this subject, to support and fully establish my conviction of the absolute necessity of the mechanism first under consideration." I take it for granted, that the mechanism under consideration, means this: "That at the time of a fruitful coition, very probably at the moment of the highest excitation and ejaculation, the uterus moves downward in the cavity of the pelvis, the os uteri opens itself to a certain extent, the semen is received into the os, and in this manner reaches the uterine cavity, *partly in a direct manner, and partly through the suction of the os and cervix uteri.*" (Italics mine).

Now, I would like these gentlemen to explain how the spermatozoa enter the uterus, at the time of a "fruitful coition," with some mechanical obstacle intervening between the os uteri and the virile organ.

I have been assured most positively, by women wearing a large globe pessary, which completely filled the vagina, that the instrument had not been removed from the time I introduced it to relieve the prolapsed uterus, until I was consulted as to the propriety of removing it, on account of pregnancy, which, I am positively certain did not exist at the time of introduction. Again, I am quite certain, from my own personal experience, that women can and do become pregnant without evincing any erotic excitement during sexual intercourse.

Meigs, in his work, "Females and their diseases," says, on page 1871, "that the pessary does not put a bar either to gestation or conception."

In the words of Prof. Bischoff, "I do not believe that we should overlook the fact, that though in all probability these processes may and do favor conception, they should not by any means be regarded as absolutely necessary to the normal occurrence of this condition."

S. B. Flowers, M.D.

Mt. Olive, N. C., Dec. 5th, 1874.

The Hash Question.

Ed. Med. and Surg. Reporter:—

It may, perhaps, be considered audacious to challenge so high an authority as Professor Redfern (see Reporter, Oct. 10, p. 298), in regard to a subject in such bad odor, universally, as hash. The Professor seems to have in his mind the badly prepared dish as found in third-rate boarding houses and in families where the proper preparation of food is ignored. Hash may, of course, be indigestible and innutritious, and so may the best tender-loin steaks, if fried or stewed until all of the juices are wasted and the meat hardened.

Hash is a favorite among those thrifty housewives who would willingly utilize those bits of steak and roast beef, which are often left after ar meal, and which it would be sinful to throw away. In such cases we think that the meat is better cut or chopped up with a little potato, parsley and onion, if desired, and served as a hash, than in any of the meat pies and other incongruities which have now become a by-word and a reproach among all classes of Americans, and it seems of English society.

Of course, a hash prepared out of meat once cooked, should be neither boiled nor stewed, but the gravy should be first prepared, and the finely cut onions, etc., thoroughly cooked, and then poured over the meat, which should be allowed to stand in the gravy, covered, and slowly heat through. This, when made of a piece of rare-done steak or roast beef, is a delicious breakfast dish, and less expensive pieces of beef may be first broiled without trouble, and then made, by this process, not only palatable but nutritious. It is high time that we, as a nation, should know how to economize, and not to be found daily guilty of casting into our slop buckets what would furnish a respectable family in Germany or France with a substantial diet. In these days of sanitary and hygienic excitement we are happy to see that there is a tendency to begin at the kitchen, rather than in the laboratory of the pharmacist, and that those of us who are not rapidly successful in earning a living, may, by aid of well directed periodicals, teach ourselves to save at least half a one. Yours, respectfully, M. A. B., M. D.

Philadelphia, November, 1874.

News and Miscellany.

Medical Night Watches.

A Berlin novelty is the establishment of "medical night-watches" (*Sanitätswachen*), *i.e.*, stated places in every quarter of the town where a doctor and his assistants are to be found at all hours of the night, to afford gratuitous assistance to any who need it. The duties of these medical men are by no means light. Not only are they sometimes almost overwhelmed with the number of persons seeking their aid, but they have also sometimes to call in the police to protect them from drunkards and disorderly persons. Vagabonds, too, often endeavor to get from them a lodging for the night. There have been great complaints from those who have undertaken these duties, that other doctors, when called to a case in the night, send the messengers who disturb them to the medical night-watch, saying they are established with that view; the fact being that they are only intended for the succor of those actually taken ill in the street. Hence there is no longer the same readiness on the part of the profession to undertake such posts, and there is great reason to fear that this most useful institution will die out.

Reporting Epidemic Diseases.

The Board of Health of this city have passed the following:—

Resolved, that the Health Officer be informed, that Medical Reports of all cases of the following diseases, or of any other diseases which may at any time hereafter assume, either generally or in some particular locality, a pestilential character, would meet the requirements of the Board, in the matter of pestilential or contagious diseases, viz: Asiatic Cholera, Relapsing Fever, Yellow Fever, Typhus or Ship Fever, Cerebro-spinal Meningitis or Spotted Fever, Small-pox and Varioloid, Scarlet Fever and Diphtheria.

Danger from Excavations.

It is well known that the exposure of large quantities of fresh earth, as attends railroad and canal construction, develops intermittent and typho-malarial fevers. To lessen this, Dr. Stephen Smith, of New York City, offers the wise recommendation that sewers be laid only after November 15, and before June 1; and last Tuesday week the Board of Health, accordingly, resolved that the Commissioner of Public Works be requested to omit all excavations between June 15 and October 1, and that no subsoil be exposed during that time.

Bronze Statue of a Philanthropist.

Mrs. Bartlett's statue of Dr. Wells, the discoverer of anæsthesia, is to be cast in bronze, in one piece, and set up at Hartford, just as it comes from the mould.

Items.

—The death is announced, on the 6th inst., of Dr. Friedrich Rochleder, Professor of Chemistry in the University of Vienna. A pupil of Liebig's, Rochleder was Professor of Chemistry at Prag for many years, and at Vienna since 1870. His lectures in the new laboratory of the latter University were much frequented by the students.

—There died recently, in Union township, Berks county, a young man, named William Kupp, aged 25 years, who weighed nearly 500 pounds. When last ascertained he weighed 468 pounds, and since then had increased considerably. He was 6 feet 2 inches high.

—A young Frenchman bet he could smoke twelve cigars consecutively. He won his bet, and had a handsome funeral three days afterwards.

—In Bremen, the city government has appointed a committee to make public arrangements for cremation.

—Chloral, it is said, will render a fiery horse quite lazy and sleepy, so as to give no trouble to the driver.

—Munich is about to have a Hygienic Institute, at the cost of 200,000 guldens.

Politics in Paris.

We called attention, some weeks ago, to the unpleasant reception given by the Parisian Medical Students to Professor Chauffard. The scene is thus described by a correspondent:—

"When the professor entered the room, accompanied by the dean, he was greeted with a tremendous noise, amongst which the cries of 'A bas les Royalistes,' 'A bas les cléricaux,' were loudly prominent. For several minutes the professor was unable to speak, his voice being drowned by the din each time he attempted to make himself heard, and as, notwithstanding the dean's strenuous efforts, nothing would induce the audience to be silent, Mr. Chauffard withdrew in company with the dean. After quoting the cries which were proffered on the occasion, it is scarcely necessary to say what was the object of this new manifestation of the students. Mr. Chauffard is accused of being kindly inclined in his opinions to the 'throne and the altar,' and a report circulated recently as to his possible appointment to the deanship of the school."

Philadelphia County Medical Society.

The next conversational meeting will be held Wednesday, Dec. 23d, at 8 o'clock, P. M. Dr. J. M. Boisnot will r ad a paper, entitled, "A Case of Purpura Hæmorrhagica Requiring Transfusion." All regular practitioners in the city are cordially invited.

QUERIES AND REPLIES.

Should a Man with Gleet Marry?

Dr. F. R., of New Jersey.—To this general question, as you say, many text-books give no decided answer. In our opinion, *he should not.* As long as there is the least discharge, sexual intercourse is very apt to irritate the urethra, and bring on a subacute attack. In that condition, he could infect his wife. Professor Van Buren says, in his late work on the Venereal (p. 59), "Gleet is contagious when purulent; the more copious and creamy the discharge, the greater its infecting power."

Dr. W. E. M., of Illinois.—Naphey's *Therapeutics* will not be ready till spring.

OBITUARY.

DR. SAMUEL MITCHELL SMITH

Died at Columbus, Ohio, November 30th. He was born at Greenfield, Ohio, November 28th, 1816. He received a classical education at Miami University, and graduated in medicine at the University of Pennsylvania, and practiced at Columbus. During the war Dr. Smith was appointed Surgeon General of Ohio by Governor Todd, and during his term had heavy work in sending surgeons to the field and attending to his large general practice. He worked with unceasing energy, but overwork was the cause of the loss of the sight in one eye. During his official term he visited the fields of Antietam and South Mountain. Among his other services of a public character, Dr. Smith was appointed Examiner of Pensions, and while in the performance of his duties kept a valuable record of different accounts of battles from soldiers applying for pensions. He was also Physician to the Institution for the Deaf and Dumb.

DR. D. STAHL.

At Baden Baden, Germany, on the 26th of October, Dr. D. Stahl. Dr. Stahl was for many years a resident of Quincy, Illinois, and was well known and highly respected. He left Quincy for Germany about three years ago, and has been in Europe ever since. The report of his death will be read with sincere regret by very many of our readers who knew and honored him in the army. The deceased was 70 years of age.

MARRIAGES.

CULL—KENNEDY.—At Cambridge, New York, Nov. 26th, by Rev. J. Gardner, assisted by Rev. Dr. Sheldon, of Troy, Rev. Thom s Cull, of Middletown, Ohio, formerly of Poultney, and Mrs. Fanny Gray Kennedy, daughter of Dr. H. C. Gray, of Cambridge.

EARLE—WELLS.—In Brooklyn, on Thursday, Nov. 26th, at the residence of the bride's father, by Rev. R. S. Storrs, D. D., assisted by Rev. George L. Chase, of Faribault, Minnesota, Howard Earle and Annie Richardson, daughter of Dr. P. P. Wells, all of Brooklyn.

HYSKELL—MCCLURE.—November 26th, by the Rev. J. C. Wilhelm, W. D. Hyskell, M. D., of Orbisonia, Pa., and Sue A. McClure, of Petersburg, Huntingdon county, Pa.

REED—HOWARD.—On Saturday, November 28th, at the Church of the Holy Trinity, Brooklyn, by the Rev. Chas. H. Hall, D. D., Henry B. Reed, M. D., of Philadelphia, and Bertha O., daughter of Samuel E. Howard, of Brooklyn.

SMITH—DINGES.—At St. Michael's Church, Baltimore County, Md., on Tuesday, November 10th, by Rev. Dr. Rich, the Rector, assisted by Rev. W. A. Mitchell, of Hagerstown, Dr. C. W. Smith, of Nashville, Tennessee, formerly of Hagerstown, and Mary C. Dinges, of Baltimore county.

STENNIS—ADAMS.—On Tuesday morning, November 3d, by the Rev. D. S. W. Ellis, Dr. S. D. Stennis, of Moscow, Mississippi, and Janie, daughter of Mrs Anna J. Adams of Moscow, Mississippi.

WHITNEY—HURD.—In Brooklyn, Tuesday, Nov. 24th, by Right Rev. Bishop Littlejohn, Albert D. Whitney, M. D., of New York, and Cordelia Coles, daughter of the late Dr. F. W. Hurd, of Brooklyn.

DEATHS.

CABELL.—November 7th, 1874, at the University of Virginia, Mrs. Margaret Nicholson Cabell, wife of Dr. James L. Cabell, and daughter of the late Col. John N. Gibbons, of Norfolk.

DARLING.—In Keene, New Hampshire, November 5th, of apoplexy, Caroline M., wife of J. Homer Darling, M. D., and daughter of the late Rev. A. W. Burnham, D. D., formerly of Rindge.

HOVEY.—On Wednesday, November 18th, at 4½ o'clock P. M., of typhoid pneumonia, at his residence in Cumminsville, Ohio, Dr. D. W. Hovey, aged 65 years.

SHELDON.—At No. 39 West One Hundred and Twenty-eighth street, New York, suddenly, on Friday, 20th ult., of diphtheria, George Cornell, oldest son of Dr. H. Lawrence and Emma Bartow Sheldon, aged 7 years.

SIMMER.—In this city, on the 20th ult., Louisa, wife of Dr. Edwin Simmer, and daughter of Mrs. Louisa Grœble, after a short illness, aged 30 years and 3 months.

SLACK.—Of diphtheria, on November 19th, at Troutdale, New Jersey, Carrie, aged 6 years, and on November 24th, in Philadelphia, Theodore Zerega, aged 5 years, children of Thirza A. and the late Dr. J. H. Slack, of Troutdale, New Jersey.

THE

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Original Department.

Communications.

CARBOLIC ACID IN ERYSIPELAS.

BY E. Y. MUNSELL, M. D.,
Of Rockport, Missouri.

Great honor is due Mr. C. Hamilton Bell, of Edinburgh, for the introduction of the tincture ferri chloridi. As a reliable and trustworthy remedy in erysipelas, I have learned to rely upon it as an internal remedy; I am accustomed to prescribe it in small doses; seldom more than five or ten drops, repeated not oftener than once in four hours. No matter what the symptoms are in a given case, it is important to continue the iron.

While I would give the tincture ferri chloridi a high place in the category of internal remedies, in erysipelas, I would fail to express my convictions if I did not claim for carbolic acid, a corresponding eminence as a topical remedy, not only palliative in a high degree, but decidely curative in all erysipelatous inflammation. Its use does not interdict the employment of emollient applications, as flaxseed, slippery elm, etc. I have used the acid alone (diluted). Also in combination with other remedies. And my experience is that whenever the acid is in excess, the result has been invariably gratifying. I usually prescribe it in combination with iodine. Something like the following formula, varied according to circumstances :—

℞ Tincture iodine, ℥
Aquæ rosæ, āā. ℥ss.
Glycerine,
Acid carbolic, ℥iij. M.

Sig.—Apply all over the diseased part and an inch or more above, to prevent its spreading. If it can be borne without too much pain, apply full strength, with camel's hair pencil, twice in twenty-four hours. When the symptoms indicate that the disease is not progressing, dilute the mixture and use as a wash frequently. The first application is attended with a great deal of pain, which does not last long and is followed by permanent relief. To avoid discoloration of the skin on exposed parts, as face, hands, etc., I frequently add sulphite soda, ten or fifteen grains, to the mixture. I sometimes use a larger percentage of acid. If abrasions exist, I use less; three or four applications in the milder forms of the disease seldom fail to effect a radical cure. In the phlegmonous form of the disease, where all remedies failed to limit or arrest the extension of the inflammation, I have ventured the use of the hypodermic injection of carbolic acid, as suggested by Dr. Aufrecht, of Magdeburg. He used the one per cent. solution, administering about six decigrammes at once, and repeating the operation twice daily. He injected the remedy into the sound cellular tissue above the diseased surface. I have used the above remedy in much smaller quantities, say ten drops of a one per cent. solution, put in a good hypodermic syringe, and distributed equally, as near as possible, in from four to six different points immediately above the diseased parts; three or four administrations of the remedy in this way is as often as I ever had occasion to use it in any one case. I leave others more competent to explain the modus operandi of the remedy, but will assure those that try it, either topically

or hypodermically, a pleasant, safe and successful experience. As my experience has been limited, I would like to hear that met with by others.

A CASE OF PUERPERAL CONVULSIONS.

BY A. W. ROBERTSON, M. D.,
Of Missouri City, Mo.

I was called, on the morning of the 27th of October, at daylight, to attend Mrs. Fannie H., in labor. As it was four miles from my office, I did not arrive till sunrise. At the door I was met by her husband, who told me that she had had two convulsions before sending the boy for me, and warned me that her symptoms were very much the same as during one of her former confinements, when she had convulsions for twenty-four hours before the child was born.

I found the patient a stout, hearty robust woman, in her ninth confinement. Weight about 150 lbs. Age, I presume, about 43 years. Pulse running 100, full and tense. She was only partially rational, though enough so to tell me that she was suffering with her head and chest (dyspnœa). I gave her at once 40 grains brom. potass. She then had two convulsions, one immediately following the other (all this within ten minutes after my arrival). I at once tied up the arm, and bled her one and one-half pints, which seemed to relax the system well. She fell into a good perspiration before the blood stopped flowing.

She then fell into a good sleep, for about half an hour, after which she was attacked with another convulsion of a violent nature, and convulsion followed convulsion, until she died between two and three o'clock of the same day.

Seeing that it would be a serious case, and a probability of the patient dying on my hands, I suggested the propriety of counsel, and we immediately dispatched a messenger to Greenville, for Dr. Edmiston, who came, post haste, to my assistance. Told him what I had done, when he endorsed the treatment, in the fullest extent, and suggested nothing new, only that we continue treatment. We continued to give brom. potass, in full doses, by prying open the mouth, and putting the powder, finely pulverized, upon the back of the tongue. We also kept ice bags to the head, mustard to the feet and legs; ant. et pot. tart., occasionally, to relax the muscular fibres of the cervix uteri, which we hoped to do sufficiently to deliver the child, if the woman held out long enough. I may state that when I made examination, the head was at the superior strait, with no dilatation of the os, which was firm and rigid, rendering it impossible to introduce the forceps, and deliver the child, without rupturing the cervix or extricating the uterus. We kept her under the influence of chloroform, or at least gave it, but it had no more effect than so much cold water, neither had any of the other medicines which we employed. I also gave her injections per rectum, which passed off without removing fecal matter, though her bowels had been kept regular, in fact, had been very lax in the last two days. I could not determine the condition of the kidneys and bladder, though I introduced the catheter and drew no urine. Convulsions supervened, and she died in the afternoon. No autopsy was permitted.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. DA COSTA.

Reported by LEWIS G. GORIBAR, student of the Jefferson Medical College.

Obscure Case of Delirium, Caused Probably by Syphilitic Disease of the Vessels of the Brain.

GENTLEMEN:—The next case that I will bring before you is a very interesting one, and at the same time one of difficult diagnosis, because of its obscure nature.

M. Leed, aged twenty-six. On the 31st of October last this man came to be treated for an attack of intermittent fever, and was discharged on November 9th, perfectly well. Six days after he was seized suddenly with epileptic convulsions, and the next day, November 16th, he was brought to the Hospital totally unconscious; he had fever, contracted pupil, rapid pulse; the heart and lungs showed no sign of disease. On examining the body, an eruption was found over the abdomen; the appearance of the spots, the copper color, and the existence of a cicatrix of chancre on the genital organ, left no doubt as to their being of a syphilitic nature.

A blister was applied to the back of the neck, and a dose of croton oil was administered, which produced a good effect on the bowels. The catheter was introduced into the bladder, in order to relieve it from the retained urine, and this was examined, but it was found free from albumen.

On the 17th it was noticed that he had strabismus, still he did not speak at all, yet the apprehension of his being paralyzed was dissipated by his jumping out of bed twice. On this day the unconsciousness and comatose condition was substituted by delirium.

On the 18th he began to speak occasionally, yet the delirium remained, and with it, restlessness and inability to sleep; this, however, was very favorably controlled by the use of chloral, in ten grain doses, which was afterwards reduced to twenty grains at night, and continued until the day before yesterday; at present he is able to sleep. The temperature has not been very high; the highest record was on the 18th, 102°, but with that single exception, it has not been over 100°. The pulse has shown a variation between 90 and 100 in the minute. Such has been the condition of the patient for the last few days.

On examining him to-day, we find again the heart, lungs and kidneys in the natural condition, the pupils normal, the eye not injected, the bowels regular, the tongue very slightly coated, and although the delirium still remains, yet, as you have observed, he answers my questions very well.

Diagnosis. We come now, gentlemen, to a very important point indeed. The history of the case being deficient, its diagnosis, of course, is difficult and doubtful. There are some affections which might be suggested as giving origin to the symptoms presented in this patient. *Acute meningitis*, for example; but we have against this view the absence of headache and of high fever, and the non-injected eye. There is another affection, *delirium tremens*, and, indeed, the patient's looks, expressive of fear of some strange objects, and the form of the delirium, resembles this latter trouble, and we might be apt to come to an error in our diagnosis, had we not the clear history of syphilis, as manifested by the eruption, etc, the non-indulgence of liquors before the attack, and again the fact that the delirium was preceded by coma and convulsions. We may come, therefore, to the conclusion that this is either a case of acute softening, or what is more likely, a "case of syphilitic disease of the finer vessels of the brain, with thrombosis."

The long and protracted coma favors very much this latter view, and I am rather inclined to it; indeed, I consider the delirium but a manifestation of the cerebral anæmia produced by the obstructed circulation, resulting from the action of the syphilitic poison on the vessels.

Prognosis. This is not very unfavorable, and it is very likely that the patient will recover under a proper treatment. Were I to decide, on the other hand, the diagnosis in favor of acute softening, the recovery, of course, would be impossible.

Treatment. Being satisfied that the origin of the trouble was of a syphilitic nature, the patient has been placed under the mercurial plan of treatment; the preparation that has been adopted is calomel, and this will be continued until a constitutional impression be effected. The delirium in this case being a sign of debility, we will give to our patient nutritive food, beef tea, milk, etc., and if there be any indication therefor stimulants, in moderate doses, will be useful.

PENNSYLVANIA HOSPITAL.

Service of Dr. R. J. Levis.

REPORTED BY DR. JOHN B. ROBERTS.

Pirogoff Amputation at the Ankle for Railroad Injury. Its Advantages over the Method of Syme.

A boy, about ten years of age, had his left foot injured by a coal car, which, as the bones were not crushed, most probably did not pass directly over it; for in railway injuries, when the patient is caught between the wheels and the track, the bones are ground almost to powder and the tissues crushed into a pulpy mass. Here, although the osseous portion of the foot was uninjured, the soft parts were torn from the bones and so much bruised, that sphacelation was certain; consequently there was no resort but some form of amputation at the ankle.

The injury was too extensive to admit of a Lisfranc disarticulation at the junction of the tarsus with the metatarsus, or even of a Chopart amputation, in which the surgeon's knife removes the anterior part of the foot, leaving only the astragalus and calcaneum. The choice, therefore, lay between Pirogoff's and Syme's methods of amputating at the ankle.

The tendency of the surgery of the present day is towards conservative procedures in all injuries, especially of the hands and feet; and it is often found possible, by a little tact, and by what at the time seems like a want of neatness in operation, to preserve a portion, which finally gives the member a degree of utility that could never be obtained by artificial appliances.

The method of amputating at the ankle devised by Pirogoff is one of these conservative operations, and in most cases of injury it is preferable to the Syme amputation, which disarticulates the foot from the leg and removes the entire os calcis, leaving only the cup-like integument of the heel as a covering for the stump. As the patient's heel was not crushed, it was determined to adopt the osteoplastic operation proposed by the Russian surgeon, rather than that of Syme.

After the application of the tourniquet, an incision, extending down to the bone, was begun at the internal malleolous and carried around the sole of the foot to the external side, slanting a little forward in order to keep in front of the bifurcation of the posterior tibial artery, upon the branches of which depends the life of the heel flap. By great care injury to this vessel can generally be avoided, and the flap allowed a full supply of blood for the preservation of its vitality. The parts were then retracted and a saw applied to the os calcis, which was divided obliquely upward and backward in such a direction as to carry the line of separation behind the prominence on the inner side of the bone, and to entirely cut off its articular surface.

When this had been accomplished the anterior incision was made by carrying the knife across the front of the ankle, about a half inch below the line of the joint, so as to connect the

extremities of the first incision. By dissecting up a short flap, the joint was reached, and the division of the ligaments holding the astragalus to the leg easily effected. In this manner the whole of the foot, except the posterior portion of the os calcis, with its overlying integument, was removed.

Dr. Levis usually, as in this instance, saws the bone previous to making the anterior incision and disarticulating, because the bone, being still held in position by its ligamentous attachments, is more steady and fixed in position; and hence the operator can make the section with much more accuracy than would be possible if the joint were opened first and the saw applied to the bone hanging from the tendo Achillis.

The next step was to saw off a thin section of the lower end of the tibia and fibula, in order to have a freshened surface to oppose to the sawed surface of the calcaneum, which was to be brought up against the bones of the leg. If there is any tension in making the adjustment, a small section more should be sawn off, perhaps a little more obliquely upward, in order that the parts may be accurately adjusted without any strain upon the tissues.

Two arteries were then ligated with carbolized cat-gut, that was cut off and left in the wound, which, after being washed by a stream of flowing water impregnated with carbolic acid, was closed by bringing the flaps together by gut sutures. The stump was dressed with carbolic acid and oil, in the proportion of two drachms carbolic acid, to three ounces linseed oil and covered with waxed paper. The patient was then given chloral and morphia, to insure sleep and relieve pain, and placed in bed.

This mixture of oil and carbolic acid is a favorite dressing in the hospital, for it acts as a germicide and also as a disinfectant. The waxed paper used is simply thin unglazed paper, coated with wax by drawing it through the melted material; it is invaluable in all cases where it is desirable to exclude the air, and, as it is readily made by the attendants, is far cheaper than the oiled silk usually employed for such purposes. Moreover, it is preferable to the silk, since its inexpensiveness allows it to be thrown away after having been once used, thus obviating all danger of conveying injurious germs from one patient to another.

In performing a Pirogoff amputation, it is occasionally, though rarely, necessary to divide subcutaneously the tendo Achillis, in order to prevent pulling downward of the cicatrix by the calf muscles, but in this case it was not demanded.

This is a more desirable operation than that of Syme, because the leg is left at least an inch and a half longer, and the patient has the firm bony heel to bear the weight of the body; while in the latter operation, the calcaneum having been entirely removed, the stump has merely an integumentary covering, and, moreover, the cup-like cavity left by the removal of the bone makes a receptacle for the detention of pus.

The union between the tibia and os calcis in Pirogoff's modification, for it truly is a modification of the other, is often, probably, fibrous and not osseous, but it none the less affords a firm basis of support. In one case under Dr. Levis' care, where both feet were amputated in this manner, the result was exceedingly satisfactory, for the patient could stand on a chair and jump upon the floor with his whole weight without experiencing any pain. If but one foot has been amputated the patient can walk with only a slight limp, and is enabled to do very active work.

The boy, after the performance of the operation, was kept on good nourishing diet of milk, eggs, and soups, and given iron and quinine three times daily; and now, seven weeks since the receipt of the injury, he is almost well, and able to bear the weight of his body on the end of the stump.

Editorial Department.

Periscope.

Triple Paralysis of Eyeball from Syphilis.

Dr. A. Fournier (*Ann. de Derma. et de Syphil.*, v. 5, quoted in the *Medical Press and Circular*), in 1873, observed a young girl affected with syphilitic palsy of the eyeball, which gave her a very curious aspect. She had suffered for four years from syphilis, and had not had any treatment. Disorders in her speech dated four months back, and appeared after violent nocturnal headaches, to cure which the patient took a few mercurial pills. On the right side there was seen paralysis of the third pair, manifested with its classical and usual characteristics (drooping of the upper lid, inability of looking upward, downward, or inward, considerable dilatation of the pupil). On the same side there was paralysis of the sixth pair, so that the movement of the globe outward was absolutely abolished. On the left side there was simply paralysis of the sixth. The young woman was quite well in other respects.

The prescription was: Daily friction with four grammes of double mercurial ointment, gargle with chlorate of potash, three tablespoonfuls of syrup of the iodide of potassium, made

with thirty grammes of the iodide in five hundred of water, sulphur-baths; afterwards, the dose of the iodide was doubled, and that of the ointment made fourfold.

The ocular lesions were perfectly cured, but further on there was a new syphilitic manifestation, an ulcerated gummy tumor of the left leg, testifying to the intensity of the disease.

The author concludes his note with the following observation: "The interest of this case resides in the multiplicity of the paralytic disturbances presented by the patient. Three nerves were affected in her (the sixth pair on the left side, the sixth and third on the right), and these three nerves were affected by the syphilitic affection, as the evolution of the disease evidently demonstrated, and the result of the specific treatment. Now, this union of multiple paralysis is worthy of being remarked. It is observed more perfectly in syphilis than in any other disease; it has, therefore a diagnostic value.

The Treatment of Typhoid Fever.

On this topic the editor of the London *Medical Times and Gazette* says:—

It seems to us that temperatures under 104° Fahr. may, as a rule, be dealt with by increasing the quantity of alcohol given to the patient, by tepid sponging of the surface, and especially by the giving of quinine. As to the administration of alcohol, we hardly think it possible to lay down rules to be generally available. Sponging is simpler, and is available at anything over 100° Fahr. But to give quinine effectually it must be given in full dose; as a rule we begin with twenty grains, and continue for some time thereafter to give five grains every four hours. This, no doubt, gives some headache and buzzing in the ears, but that is only showing that the remedy is having the physiological effect which is essential to the due development of its power of depressing temperature. With these three remedies in our hands, not every case of typhoid requires cold baths; but if the temperature keeps rising, and remains persistently over 104° Fahr., then the bath should be brought to the bedside, carefully raised to the temperature of 70° Fahr., and the patient placed in it for ten minutes. This will cool the surface, but will have, in the first instance, little effect on the internal temperature, for causes on which we cannot now enter. After the patient has been replaced in bed, however, the internal heat also falls, but too often only for a time, insomuch that in bad cases the baths may require to be repeated every two hours, and as many as two hundred to be given in the course of the disease. Thus used there can be no question of the exceeding great usefulness of cold water baths; the only diversity of opinion seems to be as to the proper time, as indicated by the patient's temperature, when to begin them. But even beyond this there are exceptions to ordinary rules. The effect of the cold water is to arrest or diminish cutaneous circulation, and consequently to produce some degree of internal congestion. If, therefore, there be threatening of intestinal perforation, when the necessary moving of the body might be dangerous, or of intestinal bleeding, when the congestion might give rise to troublesome hemorrhage, the cold water cannot well be employed in this fashion; but it is not to be forgotten that the pulmonary congestion, so apt to be a dangerous concomitant of typhoid, is relieved rather than otherwise by the use of the bath.

We can hardly leave these complications, especially intestinal hemorrhage and perforation, without a word of warning. They are especially apt to occur when patients are making some extra exertion, such as the rising to stool or the like. These efforts, therefore, towards the period of the disease when they are most likely to occur, *i. e.*, about the third week, should be strictly forbidden. But this caution is also necessary in another way. Cases of typhoid do occur where the general symptoms are so slight that the patient will hardly consent to keep his bed. He may keep on his feet to the last, and suddenly perish of hemorrhage or perforation. Such risks would be avoided by regular observation of the bodily heat; but we mention them chiefly to enforce the rule, that as soon as a patient is known to have typhoid, he is to be sent to bed, and kept there till the temperature has been for some time normal both morning and evening.

Many other things might and perhaps ought to be said on the subject of treatment, but our space forbids. There is, however, one grand rule never to be lost sight of in dealing with this as with other diseases. Look after the little things. Good nursing is all-important in typhoid: and to insure good nursing the practitioner should always be a better nurse than the nurse herself, a kind of qualification which the rising generation of practitioners is too apt to sneer at. And then the diet; that, again, is a matter requiring profound consideration. If there is a question of a vessel or an ulcer giving way, a slight thing may do it; an over-distended bowel, whether from food or gas, may have a fatal issue. But of all things, careful dieting during early convalescence is most essential. Often a relapse is precipitated by the injudicious use of certain articles of food; and we have often seen the relapse from this cause much more severe than the primary attack.

—The Druggists' *Circular* remarks:—Lead shot is all but universally used for cleaning bottles, and is, no doubt, quite harmless, provided no shot remains, mechanically attached to the bottle. It is against common sense to say that a glass vial which appears perfectly clean and bright may be coated with lead enough to poison a fly.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 26, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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THE ANNUAL REPORT OF THE SURGEON GENERAL U. S. A.

This document, which, as usual, accompanies the President's Message, is full of interest for the civil practitioner, and also contains many suggestions that Congress should not pass unheeded.

In regard to the comparative physical and moral stamina of white and colored troops, it states that among the former, during the past year, the average number constantly on sick report was 46 per 1000 of mean strength, the death rate being 13 per 1000, while among the latter the sick ratio was 52 per 1000, and the mortality 15 per 1000. During the five years just ended the average losses of the army by deaths and discharges for disability have been 47 per 1000 of strength for the white troops, and 52 per 1000 for the colored. In both classes the mortality from wounds, accidents and injuries has been as high as 5 per 1000, or five times as great as the death rate from such causes in the British Army serving in the United Kingdom. Such "wounds, accidents and injuries" refer chiefly to homicides, suicides and accidental drowning, and of these the quinquennial average shows among the white troops 83 homicides, 63 suicides, and 100 drowning casualties per 100,000 of mean strength, and among the colored troops 254 homicides, 26 suicides, and 29 drownings per 100,000. It appears thus that the nation's wards are much more addicted to killing each other than to killing themselves, and that they are either more expert swimmers or more reluctant to go near the water than their Caucasian comrades.

An account is given of the vast and important work performed in connection with the Army Medical Museum, which now comprises the most valuable scientific collection in the world, and appropriations are solicited for the publication of a descriptive catalogue thereof, and of additional copies of the "Medical and Surgical History of the War."

Congressional economy is not always wealth,

and two examples of costly retrenchment are noted in this report. A chemist and his assistant were regarded as useless luxuries when the last Congressional budget was made, and the Surgeon General says:—

"I have, in consequence, been compelled to suspend work in the laboratory, thus depriving this department of the protection and advantage of careful and reliable analyses of drugs and medicines, and making it impossible to furnish, as heretofore, other departments of the Government with results of examinations for detection of adulterations, or establishment of values, for guidance in selection and purchase."

Another still more expensive saving was effected by the last Congress in reducing the number of "contract surgeons" to seventy-five, a measure which "must result either in actual suffering for want of medical attendance, or in largely increased expense to the Government."

"The number of candidates presenting themselves before the examining boards for the position of assistant surgeon is not large, and probably not more than twenty-five will pass the examination by the 1st of January, to take the place of over one hundred contract surgeons to be discharged under the above law. The only resource will be to employ local physicians without contracts, and pay them the ordinary fees of private physicians, which past experience has shown will cost much more and be less satisfactory than the present system."

One reason why the number of candidates for the army medical staff is so small, and that fifty-six vacancies exist in the grade of assistant surgeon, is that:—

"The act reorganizing the staff corps of the army, approved June 23, 1874, while allowing appointments of assistant surgeons in the army, cuts off two of the five lieutenant colonels and ten of the sixty majors, thus preventing any promotion for several years to come. This is much to be regretted, as it places the officers of the medical corps below those of all the other staff corps and of the line of the army, as regards promotion, which is felt by them as a hardship and injustice, the results of which cannot fail to be injurious to the best interests of the service."

Why, in the face of such direct evidence, the narrow-minded policy referred to should be continued from year to year is hard to understand, if we assume that Congress is composed of men of liberal education.

Notes and Comments.

New Sign of Death.

Dr. Monteverdi, of Cremona, recommends what he calls an "easy, prompt, and certain" method of demonstrating the reality of death in man. It consists in the observation of a spot produced by the injection of a drop or two of ammonia beneath the skin. If the man be living, the spot produced by such injection is always of a more or less vinous red, whilst, if he be dead, the color is scarcely different from that of the skin itself, or, at least, has no purple tint. The solution of ammonia injected should have a strong odor of the gas, and a specific gravity of 0·92. If the individual be living, no bad effects are produced, beyond a burning pain which lasts for a short time, and the reddish tint appears almost immediately. The spot appears to be due to the action of the ammonia on the blood.

On Purpura Hemorrhagica.

Dr. B. W. Richardson, in a paper read before the Medical Society of London, divides this disease into three classes, distinct in their etiology, diagnosis and treatment: the *aqueous*, in which the water of the blood is in excess, and the colloids relatively decreased; the *saline*, where some saline substance holds the colloidal fibrin in undue solution; and the *vascular*, where there is a degenerative change in the capillaries, and rupture or transudation is facilitated. Dr. Richardson believes that the character of the eruption varies in these several forms.

An Insecticide.

As the best of insecticides, a German chemist recommends a tincture of nux vomica prepared with caustic solution of ammonia. Bedbugs, cockroaches, etc., are at once destroyed by it, and it is said that if a horse's harness is painted with it, the flies will avoid him! Against ants, castor oil is found an entire protection.

Pruritus Vaginæ.

A writer in the *Lancet* strongly recommends dilute solution of the muriate of iron in this complaint, and also in pruritus ani. Its use is local, we presume, though it is not clearly stated.

Correspondence.

Evulsion of a Tendon.

Ed. Med. and Surg. Reporter:—

On the 22d day of April last, my brother, George W. Spencer, of Corry, Erie Co., Pa., met with a very unusual and serious accident. While in the act of jumping out of a door to a barn, eight feet from the ground, he caught the little finger of the left hand, by a solid ring, on the head of a nail projecting one-eighth of an inch, which held until the weight of the body tore the finger off near the second joint, taking with it the flexor tendon the entire length, thirteen inches, with a small portion of the muscle at the point of anastomosis, leaving the finger and tendon hanging on the nail behind him. He informed me that when he struck the ground he had no idea that his finger was torn off, nor as the weight of the body did not in the least check his descent, did he once imagine or dream that his arm had been so ruthlessly bereft of a flexor digitorum, until, upon entering the house and going near the fire, he experienced the most terrible pain shooting like lightning up the arm. A messenger was dispatched to the scene of the accident, who soon returned bringing with him the unfortunate finger, still encircled with the golden keepsake, and the cord attached; this at once explained the cause of the excruciating pangs. The remaining portion of the finger was so stripped of the soft parts that it was amputated close to the hand. The very severe pain accompanying this case could only be relieved by large doses of morphia, used hypodermically; this, with the free administration of stimulants and the usual external dressings, constituted the treatment. With the exception of a little stiffness of the hand and arm, he is quite recovered at the present time. H. A. Spencer, M. D.,

Erie, Pa.

On Persistent Hemorrhage.

Ed. Med. and Surg. Reporter:—

I read with considerable interest an article on Hemorrhagic Diathesis, by Dr. Chase, wherein he relates his experience in a case of persistent recurring hemorrhage following extraction of a tooth. I think such cases are far more common than one would think from the meagre notice given to this accident in works on surgery.

It fell to my lot to have an almost identical experience with your correspondent (Reporter, Dec. 5th, 1874), wherein I used all the approved remedies and a great many expedients of my own suggestion, all followed by mortifying failure. I finally resorted to the actual cautery, using for that purpose the cautery iron figured in Dr. Thomas' work on Diseases of Women, used in applying actual cautery to the neck of the womb. It has a round bulb which nicely fits the orifice left by the extraction of a tooth. I think in his case (that of Dr. Chase) had it been used thoroughly, the bleeding would have been checked, as it was in mine, immediately. It is a last resort, requiring some nerve to submit to. It must check the bleeding, because it produces a heavy, thick eschar, impervious to blood, besides coagulating it in the vessels supplying the hemorrhage. Though an old remedy, we should give it a trial in all those cases where life is threatened from the cause under consideration.

I am very respectfully yours,

A. Jessup, M. D.

West Town, Osage Co., N. Y., Dec. 7th, 1874.

News and Miscellany.

Items.

—As Dr. Ira Burrows, a leading physician of Providence, R. I., was riding in a top-buggy, a short time since, the axle broke, when the horse started on a run, and the doctor was thrown out. In falling, Mr. Burrows' eye was caught on a hook on the buggy top, and was completely torn out.

—Mrs. Patty Laflin, of East Georgia, aged 90, boasts of a family of nine children, 34 grandchildren, 23 great-grandchildren and nine great-great-grandchildren. Her husband, Abel Laflin, died six years ago, at the age of 82. He never had the attendance of a doctor, except on two occasions, at his birth and at his death.

—A son of the Rev. Henry Martyn Scudder, D. D., of Brooklyn, bearing his father's name, but an M. D. instead of a D. D., recently sailed, having been appointed missionary physician, and his wife an assistant missionary, in charge of the hospital at Arcot, in Southern India.

—Seventeen deaths out of seventy-five in Paterson, last month, were from diphtheria.

MARRIAGES.

Buckingham—Schenck.—At Fulton, N. Y., Oct. 28th, by Prof. J. J. Brown, assisted by Rev. A. C. York, H. G. Buckingham, M. D., of Clayton, N. J., and Miss Elizabeth F. Schenck, of Fulton.

Labaw—Mosher.—On Wednesday, Nov. 25th, at the Reformed Church of Griggstown, New Jersey, by the Rev. R. G. Williams, assisted by the Rev. John Gardiner, Rev. George W. Labaw, of Sangerties, New York, and Kate B., eldest daughter of L. H. Mosher, M. D.

Zur Hosen—Epstein.—At Salem German Reformed Church, Cincinnati, O., December 20th, by Rev. J. Heckmann, assisted by Rev. Dr. J. Lichtenstein, Mr. Alexander F. Zur Hosen, of St. Petersburg, Russia, and Miss Sadie F. Epstein, daughter of Dr. Eph. M. Epstein, of Cincinnati, O.

DEATHS.

Carter.—In Cincinnati, Ohio, on Tuesday morning, 10th ult., Dr. Restore C. Carter, after a gradual decline, in th 73d year of his age.

Patterson.—In Oxford, Pa., on November 18th, 1874, of phthisis pulmonalis, Harriet Patterson, wife of Dr. D. D. Kennedy, in her 91st year.

INDEX.

A.

Abdominal wound, 143.
Abortion, opium and ergot in, 98.
Abscess, hepatic, case of, 84.
Abscess of the cæcum, 106.
Abscess of the liver, 146.
Absolute alcohol, administration of, 332.
A case of puerperal convulsions, 502.
Acid tartrate of iron in diphtheria, 231.
Acidity of the gastric juices, 157.
Aconite, nses of, 108.
Actinic discovery, 257.
Acute desquamative nephritis, 209.
Adherent placenta, 123.
Adulterations of coffee, 109.
Albumen, estimation of, 56.
Albuminuria, 438.
Alcohol, entailment of, 52.
Alcohol, absolute, administration, 332.
Alopecia, the fungus of, 371.
Alum springs, medical qualities of, 287.
Ambulances, 196.
American Medical Association, 119.
American Otological Society, 125.
American physical degeneracy, 97.
Ammonia, therapeutics of, 22.
Amputation, subperiosteal, 375.
Amputation of penis, 13.
Amputation of uterus and vagina, 179.
Anasarca in renal affections, treatment of, 344.
Aneurism, 209.
Aneurism, gluteal, 329.
Animals as motors, 436.
An insecticide, 507.
Anstie, Dr., death of, 319.
Antagonism of chloral and strychnia, 377.
Antiseptic ointment, 17.
Antidote to strychnia, 131.
Antidotes to strychnia, 257.
Anti-scorbutics, natural, 459.
Asthma, treatment of, 274.
Aphonia, 210.
Apoplexy and epilepsy, 38.
Apomorphia, as an expectorant, 336.
Apothecary's oath, the, 54.
Archives of electrology, 174.
Archives of ophthalmology, 154.
Arkansas, Medical Society of, 432.
Army surgeons, female, 300.
Arsenic, test for, 98.
Arsenic chloro-phosphide, 356.
Artificial joint, 47.
Ascites, cases of, 448.
Aspiration of the knee-joint, 438.
Astigmatism, on detecting, 230.
Asthenic insanity, 193.
Astigmatism, myopic, 21.
Atmospheric pressure in obstetrics, 498.
Atropia in diseases of the eye, 151.
Atoms, ultimate, 377.
Angina pectoris, use of, 353.

B

Bath, daily injurious to infants, 219.
Belladonna and opium, 258.
Bee stings, 237.
Bellevue Hospital, 179.
Bichloride of methylene, 176.
Bile, amount secreted, 18.
Birth of triplets, 251.
Bitters, alcoholic strength of, 177.
Bites of serpents, cures for, 97.
Blacks, chorea in, 299.
Black, chorea in, 79.
Black plague, the, 320.
Blood-letting, on, 368.
Bloodless operations, on, 193.
Blue eyes or brown, 400.
Blue sweating, case of, 12.
Board of Health of Philadelphia, 52.
Board of Health of New York, 32.
Board of Health for Massachusetts, 19.
Boils; on, 465, 497.
Boldo, 418.
Bone felon, 177.
Botany, medical, of Caltfornia. 225.
Bowels, obstruction of, 59.
Brain, laceration of, 45.
Brain, over use of, 81.
Brain, injuries of, 45.
Breast, cancer in, 252.
Breast, tumor of, 107.
Bright's disease, treatment of, 73.
Bright's disease, acute, 361.
Bright's disease, cure for, 497.
British Pharmaceutical Conference, 39.
British Medical Association, 204.
Bromide of potassium, 201.
Bromide of potassium, large dose of, 359.
Bromide of potassium, action of, 73.
Bromide of potassium in cerebral hyperæmia, 34.
Bromide of ammonium, 176.
Bronchitis, treatment, 339.
Bronchitis, treatment of, 274.
Brown county, Ohio, Academy of Medicine, 12.
Bubo, case of, 204.
Bunions and corns, 108.
Burn, followed by erysipelas, 209.
Burning oils, dangerous, 175.
Buttermilk in chronic ulcers, 118.

C.

Calabar bean, use of, 451,
California, medical botany of, 225.
Calculi, urinary, origin of, 38.
Calculus in an empty bladder, difficulty in recognizing, 47.
Calculus, lecture on, 290.

Camphor, monobromide, 318.
Camomile and arnica, 496.
Canadian Medical Association, 212.
Canada, letter from, 56.
Cancer, excision of, 252.
Cancer of liver, case of, 88.
Cancer and skin disease, 230.
Cancer, 211.
Cancer of the conjunctiva, 48.
Cancer cures, 18.
Cancer Hospital, Bonaparte, 300.
Capon Springs, 236.
Carbolic acid, antidote to, 337.
Carbolic acid in erysipelas, 501.
Carcinoma, 308.
Carcinoma linguæ, 478.
Cardiac œdema, 434.
Carpenters, disease of, 477.
Caries of dorsal vertebra, 48.
Castor beans, cultivation of, 378.
Cass Co. Medical Society, 107.
Cases of poisoning, 98.
Catarrh remedy, Sage's, 18; treatment, 430.
Cataract, traumatic, 265.
Caustic, bromide of potassium as a, 437.
Cauterization for hemorrhoids, 93.
Cauterization, effects of, 447.
Centenarians, 440.
Centennial of chemistry, 119, 135.
Cerebro-spinal meningitis, 67; 295; successful case of, 35.
Cerebral artery, embolism of, 124.
Cerebral hyperemia, bromide of potassium in, 34.
Chloral as a preservative, 438.
Circulation in plants, 74.
Cod-oil, palatable preparations of, 37.
Coffee, adulterations of, 109.
Coincidences, remarkable, 300.
Corns and bunions, 108.
Communicability of consumption, 117.
Conservative medicine, on, 194.
Concussion of the nerves, 45.
Congestion and flexion of the uterus, 471.
Conservative surgery, 423.
Consumption, communicability of, 117.
Coryza, 176.
Coryza, fœtid, 115.
Corpus callosum, absence of, 337.
Crede's method, 97.
Contraction, hour-glass, of uterus, 121.
Charities, medical, 154.
Chemical testimonial, a, 177.
Chemistry, centennial of, 119.
Chenango county medical society, 49.
Chestnut leaves, fluid extract, 132.
Children, incontinence of urine in, 273.
Children, diseases of, 488.
Children, syphilis in, 31.
Children, eczema and asthma in, 331.
Chorea with cardiac complications, 165.
Chorea in the black, 179.
Chorea, cure of, 188.
Chorea in the black, 79.
Chloroform narcosis, Nelaton's method in, 244.
Chloroform in labor, 230.
Chloroform, death from, 320.
Chloral, hypodermic, use of, 330.
Chloral in miscarriage, 127.
Chloral, external application, 257.
Chronic meningitis, 48.
Cholera infantum, 120.
Cholera and sunspots, 49.
Cincho-quinine, 169.
Clavicle, extirpation of, 299.
Climate of Florida, 38.
Clinical contributions to ophthalmology, 41.
Clinics resumed, 238.
Clubfoot, treatment, 466.
Cocaine, 214.
Coccyx, pointed, 98.
Convulsions, puerperal, 87.
Correspondents, to 19.
Cosmetic surgery, 118.
Cremation, 89.
Cures for serpents, bites, 97.
Cures for cancer, 18.
Cyst of tongue, 106.
Cystic goitre, 172.
Cystic tumor of wrist, 10.

D.

Deaf ears, unstopping, 18, 159.
Deafness from typhoid fever, 236.
Deaths; 20, 60, 80, 120, 160, 180, 200, 220, 240, 260, 280, 320, 340, 380, 400, 420, 440, 460, 480, 500, 508.
Death, a noble, 238.
Death rate, hourly, 438.
Deciduous teeth, extraction of, 51.
Deformity of the toes, 124.
Delirium tremens, restorative treatment in, 191.
Delirium tremens, treatment of, 94.
Dermatology, archives of, 232.
Dental caries, prevention of, 319.
Dentifrice, another, 236.
Deodorant of skunk, 17.
Dermoid cyst of tongue, 106.
Destruction of young life, 300.
Diagnosis of syphilitic nerve affections, 55.
Diagnosis of heart disease, 273.
Diagnosis of early stage of hipjoint disease, 55.
Diapedesis, exhibition of, 298.
Diet in dyspepsia, 51.
Dimness of sight, 154.
Diphtheria, 209.
Diphtheria, tartrate of iron in, 231.
Diphtheria, local applications in, 337.
Disease from impure milk, 101.
Disinfectants, 14, 34.
Dog-bites, treatment of, 477.
Dorsal vertebra, caries of, 48.
Drowning, resuscitation from, 154
Drugs, chemical affinities of, 477.
Druggists, commission, 179.
Druggists, percentages from, 116.
Dysmenorrhœa and vagismus, 478.
Dysmenorrhœa, gossypium in, 78, 119.
Dyspepsia, sulphites in, 479.
Dyspepsia, diet in, 51.

E.

Eczema, management of, 213.
Eczema in children, 331.
Eczema of the breast, 337.

EDITORIALS :—
The cry of mad dog, 15.
Sexual attraction as a physiological factor, 36.
The elements of longevity, 53.
A college for specialties, 75.
Tobacco poisoning, 95.
Percentages from druggists, 116.
The propagation of typhoid fever, 130.
Medical charities, 156.
Dangerous burning oils, 175.
Policing, 195; Ambulances, 196.
Medical legislation in Kentucky, 215.
Protection against quackery, 234.
Public sanitary measures, 255.
Obstetric medicine, 275.
The heart and its hygiene, 296.
On alleged lead poisoning, 316.
Vegetable and animal food, 335.
Theories of mental life, 355.
Physical relations of thought, 374.
A measure of progress, 395.
On poisoning by wall papers, 416.
Physical science on the witness stand, 435.
The patenting of medical compounds, 455.
The cortical brain substance, 475.
Considerations on climates, 495.
The annual report of the surgeon general, U. S. A., 506.
Eggs, extracts on, 457.
Egyptian medical art, 379.
Elastic ligature, the use of, 170.
Elastic ligature, substitute for, 50.
Electricity in labor, 111.
Electricity, cases treated by, 421.
Elements of longevity, 53.
Embolism of cerebral artery, 124.
Emulsions, 294.
Enlargement of prostate, 13.
Eucalyptus globulus, the, 378.
Epilepsy and apoplexy, 38.
Epilepsy, traumatic, 45.
Epithelioma, removal of, 124.
Ergot in abortion, 98, 158.
Ergot, action on the infant, 235.
Ergotin in hemorrhage, 173, 434.
Ergot in post-partum hemorrhage, 327.
Erysipelas, cause of, 330.
Œsophagus, stricture of, 9.
Ether for tapeworm, 158.
Etherole of sulphur, 157.
Evulsion of tendon, 508.
Ether spray, in excision, 252.
Excavations, danger from, 499.
Exchanges, our, 94.
Excision of head of femur, 47.
Expulsion of uterus with the placenta, 78.
Eye strain, headache from, 81.
Eye, atropia in diseases of, 151.
Eyelid, new operation on, 397.

F.

Female physicians, 340.
Femur, fracture of, 122.
Femur, excision of head of, 47.
Fever Syrian, 17.
Fistula in ano, treated without operation, 161.
Florida, climate of, 38.
Forceps, application of, 228.
Food, vegetable and animal, 335.
Formulæ, useful, 157.
Foreign body in the rectum, 39, 60.
Fracture of femur, 122.
Fractures, methods of treating, 106.
Fresh air, value of, 370.
French association for advance of science, 358.
Furuncles, treatment of, 358.

G.

Gallstones causing jaundice, 88.
Gallery, medical, of Philadelphia, 195.
Gases, experiments in liquefying, 276.
Gastric juice, acidity of, 157.
Gelseminum, 214.
German Naturalists and Physician's Association of, 359.
Germination of seeds, 118.
Glaucoma simplex, 41.
Gleet, 209.
Goitre, cystic, 172.
Gossypium in dysmennorrhea, 78, 119.
Guaiacum in tonsillitis, 362.
Gummy tumor of the dura mater, 124.
Gunshot wound of chest, 479.

H.

Hair oils, dangers in, 176.
Hash question, the, 498.
Hash, hard on, 298.
Havana cigar, analysis of, 158.
Hay asthma, 338.
Hay fever, 238.
Hay fever sufferers, 280.
Headaches, 67.
Heat-stroke; headache from, 67, 81.
Heart and its hygiene, the, 296.
Heart, examination of, 491.
Heart disease, diagnosis of, 273.
Heart disease, sudden death in, 157.
Heart disease, obscure symptoms in, 173.
Hemorrhoids internal, 263.
Hemorrhage, to check, 497.
Hemiplegia, treatment of, 32.
Hemorrhoids treated by cauterization, 93.
Hemorrhagic diathesis, 446.
Hemorrhage in malarial fever, 237.
Hepatic abscess, case of, 84.
Hernia, case of, 294.
Hernia, reduction of, 126.
Hernia in infants, 56.
Hernia cured by orchitis, 179.
Hernia, algidity in, 494.
Hernia, reduction of strangulated, 327.
Hernia, statistics of, 237.
Honey not honey, 98.
Hodgkin's disease, 318

HOSPITAL REPORTS :—
Hospital of the University of Pennsylvania.
Calculus—lithotrity, 290.
Re-amputation of the humerus, ulcers, skin-grafting, 424.
A simple but effective talivert for club-foot,

466; amputation of finger—new phalangeal knife, 468.
Jefferson Medical College.
Removal of the left superior maxillary bone, and a large portion of the right, together with the horizontal processes of both palate bones, 5.
Organic stricture of the œsophagus, 9; lupus of the nose and cheek, neuralgia of the mammary gland, cystic tumor of the wrist, 10.
Carcinoma, 308; tonsillitis, 310; varicocele, 311.
Long Island College Hospital.
Case of bubo, injected with sulphurous acid, 204.
A case of venereal sore treated with a solution of sulphate of quinine, 265.
Pennsylvania Hospital.
Case of leucocythemia, 148.
Transverse fracture of the patella treated by adhesive strips, 405.
Obscure case of delirium, caused probably by syphilitic disease of the vessels of the brain, 502.
Pirogoff amputation at the ankle for railroad injury. Its advantages over the method of Syme, 503.
Philadelphia Hospital.
Urethral stricture—external section, 28.
Internal hemorrhoids, 263.
Two cases of ascites, with remarks on the diagnosis and treatment, 448.
Hydrophobia, remarks on, 267.
Hydrophobia, history and treatment, 46.
Hour-glass contraction of uterus, 121.
Human remains, ancient, 457.
Hydrophobia, case of, 239.
Hydrocyanic acid, action of, 318.
Hydatids, turpentine in, 318.
Hydrocele, 17.
Hydrocephalus, chronic, 349.
Hydrogen, metallic character of, 117.
Hypodermic syringe, how to insert the, 37.
Hip-joint disease, diagnosis of, 55.
Hypodermic use of ergotin in hemorrhage, 173.
Hydatid of liver treated by aspiration, 470.
Hysteria simulating hydrophobia, 348.
Hysteria in a male, 34.
Hysterotomy, 315.
Hernia, notes on, 61.
Hysterology, contributions to, 305, 321.

I.

Ice in diseases of the bladder, 235.
Ichthyosis of tongue, 112.
Immunity of Jews, 132.
Improved mustard poultice, 79.
Indigenous plants, 131.
Infants, oat meal as food for, 254.
Infants, hernia in, 56.
Infantile malarial toxemia, 147.
Inflammation of liver, 84.
Inferior dental nerve, resection of the, 212.
Infectious diseases, natural history of, 93.
Injections, intra-pulmonary, 56.
Inkstand, Staufer's, 336.
Insanity, syphilitic, 112.
Insects, half-hours with, 129.
Internal administration of phosphorus, 77.
Intra-pulmonary injections, 56.
Intussusception, case of, 389.
Intermittence of disease, 143.
Intoxication, opium, 3.
Intoxicant, a new, 17.
Intemperate temperance, 19.
Iridectomy, case of, 41.
Iron in soils, value of, 17.
Iodide of potassium in syphilis, 114.
Iodide of potassium improved, 158.
Iodide of potassium, use of, 192.
Ipecacuanha spray in coughs, 313.
Iris, partial detachment of, 41.

J.

Jews, immunity of, 132.
Jews, immunity of, 278.
Jefferson Medical College, 19.
Joke, as good as a, 97.
Joint, artificial, 47.

K.

Kentucky, medical legislation in, 215.
Killing of entomological specimens, 235.

L.

Labor, spontaneous evolution in, 217.
Labor, electricity in, 111.
Large injections, value of, 171.
Larynx, neuroses of, 490.
Lead-poisoning, on, 316.
Lectures, the introductory, 380.
Legislation, medical, in New York, 396.
Leprosy in Canada, 360.
Lepra, unusual forms of, 109.
Lever pessary, use of, 261.
Life, a long, 200.
Lithotomy, 452.
Lithotomy, a cause of sterility, 127.
Liver, rupture of, 124.
Liver, inflammation of, 84.
Liver, abscess of the, 146.
Lockjaw and quinia, 158.
Lockjaw, treatment of, 465.
Longevity, elements of, 53.

M.

Mad dog, cry of, 15.
Malaria, forms of, 196.
Malarial forms, 134.
Malarial poison, 143.
Malarial fever, hemorrhage in, 379.
Malarial toxemia, 147.
Male, hysteria in, 34.
Malignant scarlet fever, 190.
Malignant pustule, treatment of, 329.
Man, physiology of, 214.
Man of the fork, the, 380.
Manipulation in difficult presentations, 55.
Mammary abscess in infants, 229.
Mammary gland, neuralgia, of, 10.

Marriages 20, 60, 80, 120, 160, 200, 220, 240, 260, 280, 320, 340, 380, 400, 420, 460, 480, 500.
Massage, 181.
Massachusetts Board of Health, 19.
Mastoid cells, puncturing the, 54.
Materialism in medicine, 300.
Matter vs. mind, 79.
Maxims, medical, 96.
Meat, unhealthy, 77.
Medical charities, 156.
Medical maxims, 96.
Medical Register and Directory of the United States. 174.
Medical botany of California, 225.
Medical students, 439.
Medical jottings abroad, 178.

Medical Societies:—
Medical Board, Eastern Dispensary—Stated meeting, May 7. Myoparalysis and parapsus following middle-third fracture of clavicle, 11.
New Jersey State Medical Society, 108th Annual Session, 11.
Brown County (Ohio) Academy of Medicine, 12.
New York Medical Library and Journal Association, April 10, 1874. Syphilitic diseases of the bones of fingers and toes of children, 31.
New York Academy of Medicine, April 2, 1874. Memoir of Dr. W. C. Roberts; practical points in the treatment of hemiplegia; State board of health; mental peculiarities; transactions of State Society, 32.
New York Academy of Medicine, Stated Meeting, May 21st. Some of the injuries of brain and nerves—their sequences and treatment; bloody tumors of scalp; laceration of brain without concussion; traumatic epilepsy; injuries of the nerves; concussion of the nerves, 45.
New York County Medical Society, Stated Meeting, May 25th. Hydrophobia—its history and sanitary treatment, 46.
New York Pathological Society, Stated Meeting, April 8th. Artificial joint—the result of an operation for excision of the head of the femur; difficulty of recognizing a calculus in an empty bladder; chronic meningitis mistaken for softening of the brain; caries of the dorsal vertebræ; cancer of the conjunctiva—the result of injury, 47.
Chenango County Medical Society, 49.
Wisconsin State Medical Society, 70.
New York Pathological Society, Stated Meeting, May 13th, 1874. Pyo-nephrosis; uterine fibroid; Intra-mural — treatment by hypodermics of ergot; gall stones causing jaundice; cancer of the liver, 88.
Medical Library and Journal Association, New York, May 8th, 1874. Cremation, 89.
New York Academy of Medicine, Stated meeting, June 7th, 1874. Treatment of prostatatic urinary obstruction; correction, 90.
New York Academy of Medicine, Stated Meeting, June 4th, 1874. The modern methods of treating fractures. What have they accomplished? 106.
New York Pathological Society, Stated Meeting, May 27th, 1874. Suspected dermoid cyst of the tongue—only recorded case of the kind; abscess connected with the cæcum simulating inguinal hernia; pyo-nephrosis; tumor of the breast: uterine tumor and malignant disease of the omentum. 106.
Cass County (Ind.) Medical Society, 107.
New York Pathological Society, June 10th. Cæco-typhlitis; removal of epithelioma, and treatment by plastic operation; gummy tumor of dura mater, with pacchy-meningitis; operation for deformity of the toes; rupture of liver, pleurisy, and embolism of middle cerebral artery, 124.
American Otological Society, 125.
British Medical Association — Forty-second Annual Meeting, 204.
Medical and Surgical Society of Baltimore. Acute desquamative nephritis; aneurism; diphtheria and scarlatina; gleet; burn followed by erysipelas; post-partum hemorrhage; retention of urine: hernia; cerebro-spinal meningitis; gonorrhœa; syphilitic tumor; aphonia: cancer, 209.
Canadian Medical Association, 212.
The Tri-States Medical Association, 250.
Birth of triplets after ovariotomy, 251.
Baltimore Medical Association. Traumatic cataract; retained placenta; small-pox, 265.
Medical and Surgical Society of Baltimore, Md. Remarks following Prof. A. B. Arnold's address on hydrophobia, 267.
Baltimore Medical Association — Meeting Sept. 14th, 1874. Tumor of the neck; intestinal obstruction; hernia, 293.
Medical and Surgical Society of Baltimore—Meeting of Sept. 17th. Cleft palate, 312.
Medical and Surgical Society of Baltimore. Chronic hydrocephalus—causation and nature, with the relation of a case, 349.
Michigan State Board of Health, 366.
The Northampton County (Pa.) Medical Society, 366.
American Public Health Association—Second Annual Session, 407.
Treatment of whooping cough, 415.
The American Public Health Association—Second Annual Session, 426.
Baltimore Medical Association, Nov. 9, 1874. Catarrh; change in type of disease; gonorrhœa, 430.
Medical matters in Arkansas, 432.
Medicine, easily administered, 119.
Meddlesome midwifery, 77.
Meningitis, cerebro-spinal, 35.
Meningitis, chronic, 48.
Meningitis, headache from, 67.
Mental life, theories of, 355.
Mental peculiarities, 32.
Mercurial inunction, 153.
Mercury in syphilis, 92.
Mercury, recent plans for using, 50.
Metachloral, 319.

Methods, modern, for fractures, 106.
Midwifery, meddlesome, 77.
Milk, bottled, 276.
Milk as a source of disease, 101.
Milk fever, on so called, 332.
Mind-Reader, the, 459.
Mind vs. matter, 79.
Monobromide of camphor, 318.
Morphia in herpes zoster, 437.
Mucilage, improved, 257.
Muscarine, on, 377.
Mustard poultice, improved, 79.
Myoparalysis, 11.
Mydriasis of the right eye, 21.
Myopic astigmatism, 21.

N.

Nævus, treatment of, 152.
Narcotic, a new, 17.
Natural history of infectious diseases, 93.
Needles, swallowing, 77.
Nelaton's method in chloroform narcosis, 244.
Nerves, injuries of, 45.
Nerve affections, syphilitic, 55
Neuralgia, of mammary gland, 10; traumatic, 372.
Nicotine, on, 378.
Nipple, retracted, 331.
Nitrite of amyl in puerperal convulsions, 398.
Notes on hernia, 61.
Neck, tumor of, 293.
New Jersey Medical Society, 11.
New sign of death, 507.
New York, board of health of, 32; transactions of State society, 32.
Non-parasitic sycosis, 115.

O.

Oath, the apothecary's, 54.
Oatmeal as infants' food, 254.
Obesity, treatment of, 468.
Obituaries; Drs. George Mendenhall, 20; David W. Hutchinson, 40; Gouverneur Emerson, 80; J. H. B. McClellan, George Fabyan, 140; Charles Woodward, 200; O'Daniel, 240; Hoffman, 280; I. P. DeBruler, N. C. Shurtleff, 360; G. J. Hackedorn, 400; B. Gesner, 440; A. Wishart, 460; S. M. Smith, 500; D. Stahl, 500.
Obstruction of the bowels, 59.
Obstetrics, 498.
Obstetrics, version in, 1.
Obstetric medicine, 275.
Obstetrical queries, 298.
Oil, fine machine, 277.
Omentum, malignant disease of, 107.
On persistent hemorrhage, 508.
On purpura hemorrhagica, 507.
Ophthalmology, clinical contributions to, 41.
Ophthalmic practice, notes from, 21.
Ophthalmic surgery, notes on, 221.
Ophthalmological congress, the, 420.
Opium intoxication, 3.
Opium poisoning, case of, 164.
Opium in abortion, 98.
Opium crop, the, 399.
Orchitis, treated by rest, 469.
Origin of urinary calculi, 38.
Ostrich, a human, 219.
Otological Society, American, 125.
Ovarian tumor, 229.
Ovaritis, case of suppurative, 441.
Ovariotomy, birth after, 251.
Over use of brain, 81.
Over nursing, effects of, 318.
Oleum menthæ, reaction of, 44.
Ozone and life, 317.
Opium and belladonna poisoning, 364, 381, 401.
Oxytocic, quinine as an, 52.

P.

Paracentesis thoracis, 171.
Paralysis, syphilitic, 129.
Parapsus, after fracture, 11.
Patent medicines, 357.
Patella, fracture of, 405, 418.
Patron saint for physicians, 19.
Penis, amputation of, 13.
Perchloride of iron in post-partum hemorrhage, 272.
Permanganate of zinc, 97.
Personal items, 20, 60, 79, 100, 120, 160, 180, 220, 240, 320, 340, 380, 400, 420.
Pessary, closed lever, use of, 261.
Pharmaceutical conference, the British, 39.
Philadelphia, health of, 139.
Philadelphia, university of, 359.
Phosphorus, administration of, 77.
Phosphatic degeneration of cornea, 41.
Phosphoric acid secretions in cerebral disease, 393.
Physicians of Philadelphia, to the, 40.
Physicians, patron saint for, 19.
Physiological therapeutics, 118.
Plants, indigenous, 131.
Placenta, adherent, 123.
Placenta, expulsion of, 78.
Placenta previa and twins, 218.
Placenta, retained, 265.
Pleuritic effusion, signs of, 471.
Pleurisy, treatment of, 167.
Pleurisy with effusion, 341.
Pleuritic effusion, with acute mania, 171.
Podophyllin, in gastro-intestinal disease, 218.
Podophyllin, use of, 353.
Poisoning, cases of, 98.
Poisoning from tobacco, 95.
Poisoning by strychnine, 257.
Post-febrile headaches, 67.
Poultice, mustard, improved, 79.
Policing, 195.
Post-partum hemorrhage, 272, 327.
Preparations of cod-oil, 37.
Prayer vs. prescriptions, 459.
Pregnancy, circulatory disturbances during, 241.
Presentation of arm and shoulder, 199.
Presentations, difficult, the correction of by manipulation, 55.
Presentation, shoulder, 444.

Presbyterian Hospital, the, 19.
Preventing diseases, rules for, 297.
Pruritus vulvæ, treatment of, 376.
Profession, dignity of the, 141.
Profession, an unfortunate, 459.
Professional difficulties, 98.
Prostate, enlargement of, 13.
Prostatic urinary obstruction, treatment of, 90.
Prostitution in St. Louis, 76.
Pruritus vaginæ, 507.
Pseudo-membranous enteritis, 393.
Public Health Association, the American, 359, 380, 407.
Public sanitary measures, 255.
Puerperal diseases, 269.
Puerperal convulsions, 87.
Puerperal mortality, 337.
Pupillary membrane of the eye, 21.
Purifying water, 120.
Pulse, abnormalities of, 493.
Pyo-nephrosis, case of, 88.

Q.

Quackery, protection against, 234.
Quarantine, duties of officers, 259.
Queries and Replies; 60, 80, 100, 120, 180, 220, 240, 260, 340, 360, 420, 460, 480, 500.
Quinine, action on nervous system, 470.
Quinine as an oxytocic, 52.
Quinine in venereal sores, 265.
Quinia and lockjaw, 158.

R.

Rabies mephitica, 212.
Reaction of oleum menthæ, 44.
Rectum, foreign body in, 39, 60.
Register, the Medical, of the United States, 439.
Renal affections with anasarca, treatment of, 344.
Retention of urine, 210.
Retina, diseases of, 484.

Reviews and Book Notices:—
Hints on the Obstetric Procedure (Atkinson), 14.
Materia Medica, for the use of Students (Biddle), 35.
Electro-therapeutics (Lincoln), 35.
Report of the Board of Health for the City and Port of Philadelphia, for 1873, 52.
The Entailment of Alcohol (Hitchcock), 52.
The Physiology of the Circulation in Plants, in the Lower Animals, and in Man (Pettigrew), 74.
Our Exchanges, 94.
Annuaire de Therapeutic, de Matiere Medicale, de Pharmacie, et D'Hygiene, pour 1874 (Bouchardat), 115,
Fetid Coryza (Cohen), 115.
Half-Hour Recreations in Natural History. Division First—Half Hours with Insects. Part 4 (A. S. Packard, Jr.), 129.
Archives of Ophthalmology and Otology (Knapp-Moos), 154.
Notes on Current Medical Literature:—Medical Register and Directory of the United States; Archives of Electrology and Neurology (Beard), 174.
The Philosophy of Spiritualism and the Pathology and Treatment of Mediomania (Marvin), 174.
Essays on Conservative Medicine and Kindred Topics (Flint). 194.
The Physiology of Man (Flint), 214.
Cocain, Veratria and Gelseminum (Ott), 214.
Notes on Current Medical Literature:—Archives of Dermatology, 232; The American Edition of Von Ziemssen's Encyclopædia of the Practice of Medicine, 232.
Surgical Emergencies (Swain), 232.
The Complete Hand-book of Obstetric Surgery (Clay), 233.
Half-Hour Recreations in Popular Science, No. 12 (Dove), 233.
Weighing the Motes in Air, 233.
A Practical Treatise on the Diseases of Women (Thomas), 274.
Transactions of the Pathological Society of Philadelphia, 274.
Notes on Current Medical Literature, 295.
The Medical Register and Directory of the United States (Butler), 315.
Experimental Researches on the Physiological and Therapeutic Action of the Phosphate of Lime (Dusart), 333.
Infant Diet (Jacobi), 333.
The Physician's Visiting List for 1875, 334.
Clinical Lectures on the Diseases of the Nervous System (Hammond), 334.
Transactions of the Medical Association of the State of Alabama, 334.
Erysipelas and Child-bed Fever (Minor), 334.
Essentials of the Principles and Practice of Medicine (Hartshorne), 334.
Notes on Current Medical Literature, 354.
Notes on Current Medical Literature, 373.
Transactions of the Medical Society of the State of Pennsylvania at its Twenty-fifth Annual Session, 373.
The Breath, and the Diseases which Give it a Fetid Odor (Howe), 373.
Notes on Current Medical Literature, 394.
Croup in its Relation to Tracheotomy (Cohen), 394.
Clinical Lectures on Various Important Diseases (Davis), 394.
Transactions of the Mississippi State Medical Association, 394.
Notes on Current Medical Literature, 434.
Notes on Current Medical Literature, 453.
Clinical Lectures on Diseases of the Urinary Organs (Thompson), 454.
Transactions of the Medical Society of New Jersey, 454.
Therapeutics and Materia Medica (Stillé), 473.
A Guide to the Practical Examination of Urine (Tyson), 474.
Outlines of the Science and Practice of Medicine (Aitkins), 474.
The Medical Use of Alcohol: and Stimulants for Women (Edmunds) 474.
Proceedings of the Medical Association of the State of Arkansas, 494.

Rheumatic diathesis, the, 123.
Rheumatism, acute, 390.
Rupture of liver, 124.

S.

Sage's catarrh remedy, 18.
Sal ammoniac as a febrifuge, 256.
Salicylic acid, 357.
Sarcotome, the, 50.
Sanitary measures, 255.
Scalp, bloody tumors of, 45.
Scarlet fever, 190.
Scarlatina, 209.
Scarlatina, diphtheria, croup, 222.
Sclerotica, perforating wound of, 41.
Scurvy, theory of, 329.
Sea sickness, 240.
Seeds, germination of, 118.
Serpents' bites, cures for, 97.
Sex, signs of doubtful, 358.
Sexual attraction as a physiological factor, 36.
Shoulder presentation, 319.
Silber light, the, 119.
Singular order, 177.
Skunk deodorant, 17.
Skin disease and nervous distribution, 113.
Skin grafting, 424.
Small-pox, 266.
Small-pox, epidemic, 459.
Small-pox, treatment of, 56.
Smoking, the question of, 371.
Smoking, Drysdale on, 238.
Soda sulphite as a specific, 39.
Soda, silicate of in gonorrhoea, 438.
Sores, iron in, 17.
Sore throat, lectures on, 281, 301.
Specialties, a college for, 75.
Spermatic colic, on, 370.
Spermatozoa, how do they enter the uterus? 498.
Spiritualism, philosophy of, 174.
Springs, medicinal, 287.
Stammering and stuttering, treatment of, 249, 328.
Steam whistles, 180.
Sterility as a result of lithotomy, 127.
Stricture, urethral, 28.
Strychnine, poisoning by, 257.
Strychnia, antidote to, 131.
Strychnia in whisky, 76.
Stuttering, treatment of, 249.
St. Louis, prostitution in, 76.
Sudden death in heart disease, 157.
Suicide in France, 439.
Sulphite of soda as a specific, 39.
Sulphur, etherole of, 157.
Sunday question, the, 459.
Sun spots and cholera, 49.
Surgical cases, curious, 298.
Surgery, rare cases in, 43.
Surgery, cosmetic, 118.
Sutures of horse hair, 358.
Swallowing needles, 77.
Sweating, blue, case of, 12.
Sweden, medical establishments in, 360.
Sycosis, non-parasitic, 115.
Syphilis, on modified, 151.
Syphilis, record on, 453, 480.
Syphilis, treatment of, 129.
Syphilis, mercurial friction in, 417.
Syphilis, mercury in, 92.
Syphilis, iodide of potassium in, 114.
Syphilis iodine in, 114.
Syphilitic nerve affections, the diagnosis of, 55
Syphilitic stricture of œsophagus, 231.
Syphilitic diseases in children, 31.
Syphilitic paralysis, lesions of, 129.
Syphilitic insanity, 112.
Syrian fever, 17.

T.

Tapeworm, ether for, 158.
Talipes, lecture on, 481.
Teeth, extraction of, 51.
Teeth, how to pull, 240.
Test for arsenic, 98.
Tetanus, idiopathic, case of, 443, 461.
Therapeutical notes, 17, 37, 131, 176.
Therapeutics, physiological, 118.
Therapeutical uses of aconite, 108.
The treatment of typhoid fever, 505.
Thought, physical relations of, 374.
Thymus, enlarged, in children, 392.
Tincture of iodine in syphilis, 114.
Tinea tonsurans, treatment of, 154.
Tic douloureux, treatment, 451.
Tobacco poisoning, 95.
Toes, deformity of, 124.
Toe-nails, inverted, treatment, 105.
Tonsillitis, 308.
Tongue, cyst of, 106.
Tongue, ichthyosis of, 112.
Tongue, false, 400.
Tonsillitis, guaiacum in, 362.
Toothache, remedy for, 176, 219.
Tow pessary, use of, 492.
Toxemia, malarial, 147.
Tracheotomy in diphtheria, 338.
Treatment of inverted toe-nails, 105.
Treatment of obstruction of the bowels, 59.
Treatment of hydrophobia, 46.
Treatment of small-pox, 56.
Trichina in pork, 497.
Trichina, precautions against, 438.
Triple paralysis of eyeball from syphilis, 504.
Triplets, birth of, 251.
Tri-States Medical Association, 250.
Tuberculosis not inoculable, 357.
Tumors, dispersion by puncture, 328.
Tumor of breast, 107.
Turpentine in hydatids, 318.
Type, change of, 430.
Typhoid, causation of, 356.
Typhoid fever, propagation of, 130.

U.

Ulcers, 424; buttermilk in, 118; of the stomach, 433.
Umbilical hernia in infants, 56.
Umbilical cord, new method of tying, 174.
Unhealthy meat, 77.

Unguentum picis liquidæ, 339.
University of Pennsylvania Hospital, 259.
University of Pennsylvania, 19.
Unusual form of lepra, 109.
Uvula, function of, 274.
Urethral stricture, 28, 213.
Uterus, cauterization of, 376.
Uterus, expulsion of, 78.
Uterus, hour-glass contraction c. 2
Uterine fibroid, case of, 88.
Uterus, amputation of, 367.
Urine, incontinence of, 273.
Urinary obstructions, 90.
Urinary calculi, origin of, 38.
Uses of aconite, 108.
Urea in vomited matter, 77.

V.

Vaginal douche, the, 463.
Varicella and variola, 76.
Varicocele, 308.
Varicose ulcer, treatment of, 150.
Variola and varicella, 76.
Veratrum viride, value of, 257.
Version, applied to obstetrics, 1.
Vertigo, on, 154.
Veratria, 214.
Vesical cysts, on, 369.
Venereal contagion, source of, 126.
Venereal sores, treatment, 265.
Vienna, letter from, 457.
Villate's mixture and its uses, 71.
Virginia Springs, trip to, 287.
Vitality, impaired, in women, 149.
Vivisection, 337.
Vomiting, to check, 176.
Vomited matter, urea in, 77.

W.

Wall paper, poisoning by, 416.
Weekly, another new, 180.
Whiskey, strychnia in, 76.
Whooping cough, treatment of, 415.
Wisconsin State Medical Society, 70.
Wounds, treatment of, 372.
Wound in abdomen, 143.
Women, school of medicine for, 359.
Woman, inventive genius in, 55.
Women, impaired vitality in, 149.
Woven fabrics, incombustible, 276.
Wrist, cystic tumor of, 10.

Y.

Yellow fever, 280,
Yellow fever, protection from, 240.

Z.

Zinc permanganate, 97.

CONTRIBUTORS.

AGNEW, D. H.; *clinic*, 290.
ALEXANDER, W. W., 59.
ALLEN, R. G., 277.
APPLEY, J. D., 479.

BACON, C. G., 18.
BAILEY, F. H., 165, 201, 237, 390.
BARROW, T., 479.
BINKERD, A. D., 38, 219, 237.
BIRD, J. S., 167.
BOONE, J. S., 444.
BRADLEY, E. G., 179.
BRIGGS, H. B., 169.
BRINTON, J. H.; *clinic*, 263.
BROWN, B., 123.

CARSWELL, W. A., 299.
CHAPMAN, E. N., 305, 321.
CHASE, S. B., 446.
CLARK, J. G., 78.
COHEN, J. S., 249, 281, 301, 338.
COMPTON, J. W., 359.
CROTHERS, T. D., 101.

DA COSTA, PROF.; *clinic*, 148, 502.
DANTZLER, M. J. D., 199.
DARGAN, T. A., 143.
DIBRELL, J. A., 122.
DOWNING, J. C. C., 447, 463.

EPSTEIN, DR., 278.

FARNSWORTH, P. J., 28.
FIFE, J. R., 479.
FLOWERS, S. B., 59, 158, 498.
FRANKS, L. E., 1.
FRISBIE, C. W., 196.
FRITZINGER, R. J., 362.

GAZZO, J. B. C., 146, 237, 379.
GIBBONS, W. P., 225.
GOODELL, W., 261.
GRAHAM, D., 181.
GROSS, PROF. S. D.; *clinic*, 9.

HALL, J. C., 147.
HARSHBERGER, A. S., 39, 119
HILL, J. L., 143.
HINTON, R. K., 398, 478.
HOLMES, J. C., 298.
HUKILL, W., 105.
HUMSTON, M. L., 348.
HURD, E. P., 361.

JAMESON, J. T., 61.
JESSUP, A. J., 77.
JUNKINS, W. O., 339.

KEYSER, P. D., 21.

LEE, B., 241.
LEEDOM, O., 179.
LEVIS, R. J.; *clinic*, 405, 503.
LOT, A., 78, 119.
LYONS, J. E., 319.

MARSH, MADISON, 132, 465.
MATTISON, J. B., 3.
MEARS, J. H., 84.
MITCHELL, S. W., 67, 79, 81, 299.
MULREANY, J., 222, 314.
MUNSELL, E. Y., 501.
MUNSON, W. W., 441.
MURPHY, J. A., 443.

NOBLE, G. M., 121.

PANCOAST, W. H.; *clinic*, 5, 308.
PARVIN, J. H., 217.
PATTERSON, W. F., 236.
PEPPER, WM.; *clinic*, 341.
PERL, M., 327, 465.
PHILLIPS, G. P., 179.
POLK, C. G., 43.
POWELL, J. F., 87.
PRITNEY, W. R., 98.

QUIN, C. E., 218.

RAFFERTY, T. N., 461.
READ, W., 161.
REESE, B. P., 219.
ROBERTS, J. B., 503.
ROBERTSON, A. W., 502.

SADLER, O. W., 221.
SAYRE, L. A.; *clinic*, 481.
SCHRAPINGER, A., 21.
SEGNITZ, B., 132.
SEIP, A., 258.
SIMS, M., 214.
SMITH, T. C., 118, 188, 364, 381, 401.
SMITH, W. W., 338.
STILES, E., 389.
STOCKMAN, C. W., 164.

TADLOCK, A. B., 488.
TANNER, WM., 39, 218, 339.
THOMPSON, J. H., 159, 236.
TURNBULL, L., 287, 484.
TURNBULL, C. S., 397, 418, 457.

WAKEFIELD, THOS. E., 18.
WHITE, J. S.; *clinic*, 204, 265.

YOUNG, P. B., 60.

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